JS 44 (Rev. 06/17)

CIVIL COVER SHEET

The JS 44 civil cover sheet and the information contained herein neither replace nor supplement the filing and service of pleadings or other papers as required by law, except as provided by local rules of court. This form, approved by the Judicial Conference of the United States in September 1974, is required for the use of the Clerk of Court for the purpose of initiating the civil docket sheet. *(SEE INSTRUCTIONS ON NEXT PAGE OF THIS FORM.)*

I. (a) PLAINTIFFS

R.M.H, a minor, and Felipa De La Cruz , as her next friend and on her own behalf

(b) County of Residence of First Listed Plaintiff Bexar
(EXCEPT IN U.S. PLAINTIFF CASES)

(c) Attorneys *(Firm Name, Address, and Telephone Number)*

See Attached

DEFENDANTS

See Attached

County of Residence of First Listed Defendant
(IN U.S. PLAINTIFF CASES ONLY)

NOTE: IN LAND CONDEMNATION CASES, USE THE LOCATION OF THE TRACT OF LAND INVOLVED.

Attorneys *(If Known)*

II. BASIS OF JURISDICTION *(Place an "X" in One Box Only)*

- ☐ 1 U.S. Government Plaintiff
- ☐ 3 Federal Question *(U.S. Government Not a Party)*
- ☒ 2 U.S. Government Defendant
- ☐ 4 Diversity *(Indicate Citizenship of Parties in Item III)*

III. CITIZENSHIP OF PRINCIPAL PARTIES *(Place an "X" in One Box for Plaintiff and One Box for Defendant)*
(For Diversity Cases Only)

	PTF	DEF		PTF	DEF
Citizen of This State	☐ 1	☐ 1	Incorporated *or* Principal Place of Business In This State	☐ 4	☐ 4
Citizen of Another State	☐ 2	☐ 2	Incorporated *and* Principal Place of Business In Another State	☐ 5	☐ 5
Citizen or Subject of a Foreign Country	☐ 3	☐ 3	Foreign Nation	☐ 6	☐ 6

IV. NATURE OF SUIT *(Place an "X" in One Box Only)*

Click here for: Nature of Suit Code Descriptions.

CONTRACT	TORTS		FORFEITURE/PENALTY	BANKRUPTCY	OTHER STATUTES
☐ 110 Insurance	PERSONAL INJURY	PERSONAL INJURY	☐ 625 Drug Related Seizure of Property 21 USC 881	☐ 422 Appeal 28 USC 158	☐ 375 False Claims Act
☐ 120 Marine	☐ 310 Airplane	☐ 365 Personal Injury - Product Liability	☐ 690 Other	☐ 423 Withdrawal 28 USC 157	☐ 376 Qui Tam (31 USC 3729(a))
☐ 130 Miller Act	☐ 315 Airplane Product Liability	☐ 367 Health Care/ Pharmaceutical Personal Injury Product Liability		PROPERTY RIGHTS	☐ 400 State Reapportionment
☐ 140 Negotiable Instrument	☐ 320 Assault, Libel & Slander			☐ 820 Copyrights	☐ 410 Antitrust
☐ 150 Recovery of Overpayment & Enforcement of Judgment	☐ 330 Federal Employers' Liability	☐ 368 Asbestos Personal Injury Product Liability		☐ 830 Patent	☐ 430 Banks and Banking
☐ 151 Medicare Act	☐ 340 Marine	PERSONAL PROPERTY	LABOR	☐ 835 Patent - Abbreviated New Drug Application	☐ 450 Commerce
☐ 152 Recovery of Defaulted Student Loans (Excludes Veterans)	☐ 345 Marine Product Liability	☐ 370 Other Fraud	☐ 710 Fair Labor Standards Act	☐ 840 Trademark	☐ 460 Deportation
☐ 153 Recovery of Overpayment of Veteran's Benefits	☐ 350 Motor Vehicle	☐ 371 Truth in Lending	☐ 720 Labor/Management Relations	SOCIAL SECURITY	☐ 470 Racketeer Influenced and Corrupt Organizations
☐ 160 Stockholders' Suits	☐ 355 Motor Vehicle Product Liability	☐ 380 Other Personal Property Damage	☐ 740 Railway Labor Act	☐ 861 HIA (1395ff)	☐ 480 Consumer Credit
☐ 190 Other Contract	☐ 360 Other Personal Injury	☐ 385 Property Damage Product Liability	☐ 751 Family and Medical Leave Act	☐ 862 Black Lung (923)	☐ 490 Cable/Sat TV
☐ 195 Contract Product Liability	☐ 362 Personal Injury - Medical Malpractice		☐ 790 Other Labor Litigation	☐ 863 DIWC/DIWW (405(g))	☐ 850 Securities/Commodities/ Exchange
☐ 196 Franchise			☐ 791 Employee Retirement Income Security Act	☐ 864 SSID Title XVI	☐ 890 Other Statutory Actions
REAL PROPERTY	CIVIL RIGHTS	PRISONER PETITIONS		☐ 865 RSI (405(g))	☐ 891 Agricultural Acts
☐ 210 Land Condemnation	☐ 440 Other Civil Rights	Habeas Corpus:		FEDERAL TAX SUITS	☐ 893 Environmental Matters
☐ 220 Foreclosure	☐ 441 Voting	☒ 463 Alien Detainee	IMMIGRATION	☐ 870 Taxes (U.S. Plaintiff or Defendant)	☐ 895 Freedom of Information Act
☐ 230 Rent Lease & Ejectment	☐ 442 Employment	☐ 510 Motions to Vacate Sentence	☐ 462 Naturalization Application	☐ 871 IRS—Third Party 26 USC 7609	☐ 896 Arbitration
☐ 240 Torts to Land	☐ 443 Housing/ Accommodations	☐ 530 General	☐ 465 Other Immigration Actions		☐ 899 Administrative Procedure Act/Review or Appeal of Agency Decision
☐ 245 Tort Product Liability	☐ 445 Amer. w/Disabilities - Employment	☐ 535 Death Penalty			☐ 950 Constitutionality of State Statutes
☐ 290 All Other Real Property	☐ 446 Amer. w/Disabilities - Other	Other:			
	☐ 448 Education	☐ 540 Mandamus & Other			
		☐ 550 Civil Rights			
		☐ 555 Prison Condition			
		☐ 560 Civil Detainee - Conditions of Confinement			

V. ORIGIN *(Place an "X" in One Box Only)*

☒ 1 Original Proceeding ☐ 2 Removed from State Court ☐ 3 Remanded from Appellate Court ☐ 4 Reinstated or Reopened ☐ 5 Transferred from Another District *(specify)* ☐ 6 Multidistrict Litigation - Transfer ☐ 8 Multidistrict Litigation - Direct File

VI. CAUSE OF ACTION

Cite the U.S. Civil Statute under which you are filing *(Do not cite jurisdictional statutes unless diversity)*:
See Attached

Brief description of cause:
See Attached

VII. REQUESTED IN COMPLAINT:

☐ CHECK IF THIS IS A CLASS ACTION UNDER RULE 23, F.R.Cv.P.

DEMAND $

CHECK YES only if demanded in complaint:
JURY DEMAND: ☐ Yes ☐ No

VIII. RELATED CASE(S) IF ANY

(See instructions)

JUDGE DOCKET NUMBER

DATE
10/31/2017

SIGNATURE OF ATTORNEY OF RECORD

FOR OFFICE USE ONLY

RECEIPT # AMOUNT APPLYING IFP JUDGE MAG. JUDGE

Attachement to Civil Cover Sheet

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**Pro Hac Vice motions forthcoming*

I. Defendants

SCOTT LLOYD, Director, Office of Refugee Resettlement; JOSE GONZALEZ, Federal Field Specialist, Office of Refugee and Resettlement; THANE BISHOP, Facility Director, BCFS

Health and Human Services SAC ICS Shelter; STEVEN WAGNER, Acting Assistant Secretary, Administration for Children and Families; ERIC HARGAN, Acting Secretary, U.S. Department of Health and Human Services; MANUEL PADILLA Jr., Chief Patrol Agent-in-Charge, Rio Grande Valley Sector, U.S. Border Patrol; MARIO MARTINEZ, Chief Patrol Agent-in-Charge, Laredo Sector, U.S. Border Patrol; KEVIN McALEENAN, Acting Commissioner, U.S. Customs and Border Protection; ELAINE C. DUKE, Acting Secretary, Department of Homeland Security,

VI. Cause of Action

Violation of the Homeland Security Act of 2002; William Wilberforce Trafficking Victims Protection Reauthorization Act of 2008; Violation of *Flores* Consent Decree; Due Process Clause of the Fifth Amendment to the U.S. Constitution; Violation of the Due Process Clause of the Fifth Amendment to the U.S. Constitution; Violation of Immigration and Nationality Act; Violation of Rehabilitation Act, 29 U.S.C. § 794

Brief Description:

This is an action to secure the immediate release of a 10 year old child with cerebral palsy from the unlawful custody of federal immigration authorities and return her to her family. Petitioners are asserting their constitutional rights.

UNITED STATES DISTRICT COURT
FOR THE WESTERN DISTRICT OF TEXAS
SAN ANTONIO DIVISION

R.M.H., a minor, and FELIPA DE LA CRUZ, as her next friend and on her own behalf,	)	**Case No.**
Plaintiffs-Petitioners,	)	
vs.	)	
SCOTT LLOYD, Director, Office of Refugee Resettlement; JOSE GONZALEZ, Federal Field Specialist, Office of Refugee and Resettlement; THANE BISHOP, FacilityDirector, BCFS Health and Human Services SAC ICS Shelter; STEVEN WAGNER, Acting Assistant Secretary, Administration for Children and Families; ERIC HARGAN, Acting Secretary, U.S. Department of Health and Human Services; MANUEL PADILLA Jr., Chief Patrol Agent-in-Charge, Rio Grande Valley Sector, U.S. Border Patrol; MARIO MARTINEZ, Chief Patrol Agent-in-Charge, Laredo Sector, U.S. Border Patrol; KEVIN McALEENAN, Acting Commissioner, U.S. Customs and Border Protection; ELAINE C. DUKE, Acting Secretary, Department of Homeland Security,	)	**PETITION FOR WRIT OF HABEAS CORPUS AND COMPLAINT FOR DECLARATORY AND INJUNCTIVE RELIEF**
Defendants-Respondents.	)	

INTRODUCTION

1. Plaintiffs-Petitioners R.M.H. and Felipa De La Cruz ("Plaintiffs") file this petition for writ of habeas corpus and complaint for declaratory and injunctive relief seeking R.M.H.'s immediate release from Defendants-Respondents' ("Defendants") custody and R.M.H.'s return to her family.

2. R.M.H. is a 10-year old girl who moved to the United States with her parents when she was three months old. Since that time, she has lived in Laredo, Texas in the care and custody of

her parents, including her mother, Ms. De La Cruz. Her home with her family in United States is the only one she has ever known.

3. R.M.H. has cerebral palsy and the cognitive development of a six-year-old child. R.M.H. requires specialized care and consistent therapy, which her parents have provided since she was born.

4. On October 24, 2017, R.M.H. was traveling with her 34-year-old U.S.-citizen cousin from her home in Laredo, Texas to a children's hospital in Corpus Christi, Texas for necessary gallbladder surgery. U.S. Border Patrol agents stopped the vehicle transporting R.M.H. at an interior immigration checkpoint in Freer, Texas. Despite being informed of R.M.H.'s scheduled surgery, the agents detained them at the checkpoint for approximately 30 minutes before allowing them to proceed. As they left the checkpoint, a Border Patrol agent said that agents would be following the vehicle transporting R.M.H., and that after "the girl" was released from the hospital she would be "processed" for deportation.

5. Border Patrol agents followed R.M.H. to the hospital and then shadowed her every move at the hospital. But rather than permit R.M.H. to return to her family once she was discharged after surgery, as her doctors had recommended, the agents arrested R.M.H. directly from her hospital bed, without a warrant, for the purpose of initiating removal proceedings to deport her from the United States.

6. The agents then designated her an "unaccompanied child" and transferred her to the custody of the Office of Refugee Resettlement ("ORR"). Since that time, R.M.H. has been in ORR custody at the BCFS Health and Human Services SAC ICS Shelter in San Antonio, Texas—more than 150 miles away from her family home. Absent an order from this Court,

R.M.H. will remain in ORR custody, and separated from her family, unless and until ORR deems her parents adequate sponsors and chooses to reunify her with them.

7. While in custody, R.M.H. has suffered numerous harms. Rosa Maria has always been under the care of her parents. Her medical condition requires constant attention, and she is completely dependent on her mother. At home, Rosa Maria receives both specialized and ongoing services at her elementary school and her mother's care and support, including home-based therapy she needs to thrive. Without her mother and supportive community of services, her health and developmental progress will suffer.

8. Defendants' forcible separation of R.M.H. from her family also has inflicted serious psychological and emotional injury on her, Ms. De La Cruz, and her entire family—as would the sudden and forcible removal of any young child from a stable and loving family environment. Ms. De La Cruz in particular has been deprived of her freedom to provide care and custody of her child.

9. R.M.H. has resided in the United States since she was three months old in her parents' care and custody, which U.S. Customs and Border Protection ("CBP") and ORR knew at the time of her arrest, transfer, and detention. The government arrested R.M.H. while she was seeking necessary medical care, thereby separating her from family members who have cared for R.M.H. her entire life. The government cannot render R.M.H. an unaccompanied child merely by virtue of her arrest by CBP, and ORR cannot keep her in its custody knowing that she has been forcibly removed from her existing custodial relationship.

10. Moreover, at no point has the government even suggested that R.M.H.'s parents are unfit to provide for her care and custody or provided any hearing to determine their fitness prior to

arresting R.M.H. and separating her from her family. Nonetheless, ORR continues to retain custody of R.M.H., pending its assessment of whether R.M.H.'s parents are suitable custodians.

11. Defendants' arrest, transfer, and ongoing detention of R.M.H. violate the Homeland Security Act of 2002, the Trafficking Victims Protection Reauthorization Act of 2008, the *Flores* Consent Decree, the Rehabilitation Act, and the fundamental rights to liberty and family integrity protected by the Due Process Clause of the Fifth Amendment. Because R.M.H.'s continued detention and separation from her family violate the U.S. Constitution and statutory law, Plaintiffs request that this Court order R.M.H.'s immediate release to the family that has loved, cared, and provided for her since she was born.

JURISDICTION AND VENUE

12. This Court has subject matter jurisdiction over Plaintiffs' petition for a writ of habeas corpus and their complaint for injunctive and declaratory relief pursuant to Art. I, § 9, cl. 2 of the United States Constitution; 28 U.S.C. § 2201; 28 U.S.C. § 2241; 28 U.S.C. § 1331; 28 U.S.C. § 1343; 28 U.S.C. § 1361; and 5 U.S.C. § 702. This action arises under the Fifth Amendment to the United States Constitution; the Immigration and Nationality Act ("INA"); the Homeland Security Act of 2002 ("HSA"); the William Wilberforce Trafficking Victims Protection Reauthorization Act ("TVPRA"), 8 U.S.C. § 1232; the Rehabilitation Act, 29 U.S.C. § 794; the Administrative Procedure Act, 5 U.S.C. § 701 et seq.; and Paragraph 24B of the class action consent decree entered in *Flores v. Reno*, Case No. 85-cv-4544-RJK(Px) (C.D. Cal. Jan. 17, 1997) (Exh. A).

13. Venue is proper in this Court pursuant to 28 U.S.C. § 2241. *See Braden v. 30th Judicial Circuit Court of Kentucky*, 410 U.S. 484, 493-94 (1973). Venue is also proper in this Court

pursuant to 28 U.S.C. § 1391(e) because a Defendant in the action resides in this District, and a substantial part of the events or omissions giving rise to the claims occurred in this District.

PARTIES

14. Plaintiff-Petitioner R.M.H. is a 10-year old girl who moved to the United States with her parents when she was three months old. She has cerebral palsy and the cognitive development of a six year old child. R.M.H. was arrested by CBP agents in October 2017 while recovering from necessary gallbladder surgery at a children's hospital and transferred to the custody of ORR. She is currently detained in an ORR-contracted shelter in San Antonio, Texas. Prior to her detention, she lived in the care and custody of her parents in Laredo, Texas, where she has lived almost her entire life.

15. Plaintiff-Petitioner Felipa De La Cruz is R.M.H.'s mother and legal guardian. She has provided for the care and custody of R.M.H. since birth. She resides in Laredo, Texas with the rest of R.M.H.'s family.

16. Defendant-Respondent Scott Lloyd is the Director of the Office of Refugee Resettlement ("ORR"). ORR is the government entity that is directly responsible for Plaintiff's detention. Mr. Lloyd is a legal custodian of R.M.H. and sued in his official capacity.

17. Defendant-Respondent Jesse Gutierrez is a Federal Field Specialist for ORR, who serves as the approval authority for the transfer, detention, and release of children in ORR custody in the San Antonio area. Mr. Gutierrez is a legal custodian of R.M.H. and is sued in his official capacity.

18. Defendant-Respondent Thane Bishop is the Facility Director of BCFS Health and Human Services SAC ICS Shelter in San Antonio, Texas, where R.M.H. is currently in custody. Mr. Bishop is a legal custodian of R.M.H. and sued in his official capacity.

19. Defendants-Respondent Steven Wagner is an Acting Assistant Secretary of the Department of Health and Human Services ("HHS") and the head of HHS's Administration for Children and Families ("ACF"). ACF has responsibility for ORR. Mr. Wagner is a legal custodian of R.M.H. and sued in his official capacity.

20. Eric Hargan is the Acting Secretary of HHS, the agency of which ACF and ORR are part. He is a legal custodian of R.M.H. and sued in his official capacity.

21. Manuel Padilla is the Chief Patrol Agent-in-Charge of the Rio Grande Valley Sector of the U.S. Border Patrol. He directs and supervises Border Patrol agents and other employees in this Sector, which includes Nueces County and Corpus Christi. Mr. Padilla is sued in his official capacity.

22. Mario Martinez is the Chief Patrol Agent-in-Charge of the Laredo Sector of the U.S. Border Patrol. He directs and supervises Border Patrol agents and other employees in this Sector, which includes Duval County and the Border Patrol Station in Freer, Texas and its checkpoint. Mr. Martinez is sued in his official capacity.

23. Kevin McAleenan is the Acting Commissioner of U.S. Customs and Border Protection ("CBP"). The U.S. Border Patrol, which arrested R.M.H. and transferred her to ORR custody, is part of CBP. Mr. McAleenan is sued in his official capacity.

24. Elaine C. Duke is the Acting Secretary of the U.S. Department of Homeland Security ("DHS"), of which CBP and the Border Patrol are part. Secretary Duke is responsible for the enforcement of the immigration laws. Secretary Duke is sued in her official capacity.

FACTUAL BACKGROUND

R.M.H.'s Life in the Care and Custody of Her Family

25. R.M.H. is a 10-year-old girl with cerebral palsy. R.M.H. has the cognitive development of a six year old child. Ms. De La Cruz is her mother. R.M.H. is currently detained by ORR at a shelter in San Antonio, Texas—alone and more than 150 miles from her mother and family.

26. When R.M.H. was only three months old, her parents brought R.M.H. to Laredo, Texas, seeking a better life for her and her family.

27. R.M.H. lives in a loving household with a supportive family that cares for her deeply. R.M.H. lives with her mother, father, two sisters, and grandfather. She plays with her sisters, who are 9 and 13 years old, every day. Her father works to provide for his family, and Ms. De La Cruz stays at home to care for her daughters. Ms. De La Cruz's father (R.M.H.'s grandfather) has been a legal permanent resident of the United States for many years.

28. R.M.H. has known only Laredo, Texas as her home. Since she coming to the country with her parents as a baby, R.M.H. has never left the United States. Like any other child in the United States who is fully immersed in American culture, she speaks English and considers herself American.

29. R.M.H. is a thriving grade school student at J.C. Martin, Jr. Elementary School in Laredo, where she enjoys being with her friends in a supportive environment. Her school ensures that she receives the care she needs for her disabilities. At her school, R.M.H. receives therapy sessions and regular evaluations by counselors in special education classes.

30. R.M.H.'s medical condition requires constant attention, and her mother plays a paramount role in ensuring she receives appropriate treatment. She has never been left alone and has always been under her parents' guardianship and care.

31. In Laredo, R.M.H. receives critical medical and developmental services. When she was an infant, R.M.H.'s pediatrician in Laredo immediately noted her cerebral palsy and recommended physical therapy to increase her strength and coordination. Ms. De La Cruz enrolled her in a program called "Proyecto Niños," which provides various services for children like R.M.H. until the age of three, including dental care and physical therapy. After that, Ms. De La Cruz enrolled R.M.H. at the J. Zaffirini Elementary School, a public school that provided special education, therapy, and care for R.M.H. until the age of seven.

32. When R.M.H. was an infant, doctors told Ms. De La Cruz that she would be unable to enjoy life and would essentially live in a vegetative state. However, with Ms. De La Cruz's constant care, support, and attention to her physical and emotional needs, and provision of home-based therapy, R.M.H. has become a joyful young girl with a constant smile on her face.

33. R.M.H.'s weekly routine involves going to school five days a week, where she receives special-education classes, therapy sessions, and other services. Her mother picks her up from school with her sisters every day. At home, R.M.H. plays with her sisters outside before dinner each night. When their father arrives, they play with him a bit before finally going back to bed.

34. Ms. De La Cruz provides physical therapy to R.M.H. herself. Ms. De La Cruz creates games to help R.M.H. improve her strength and coordination, using play-based therapy techniques that therapists have taught her since R.M.H. was first diagnosed.

35. R.M.H. also sees a pediatrician every month, for regular follow up care, blood work, and vaccines. She receives both general and specialist medical care.

R.M.H.'s Arrest by Defendant CBP While Seeking Necessary Surgery at a Children's Hospital

36. Last year, R.M.H. began experiencing pain in her stomach. The pain continued off and on, while Ms. De La Cruz took her to see a pediatrician throughout the year. But recently, the

pain worsened. Following an X-ray examination, doctors advised Ms. De La Cruz that R.M.H. needed gallbladder surgery.

37. Despite her efforts, Ms. De La Cruz could not find a surgeon who could perform the surgery in Laredo. R.M.H. needed to be transferred to the Driscoll Children's Hospital in Corpus Christi, a premier hospital 150 miles from Laredo that provides necessary care for children throughout the Texas border region.

38. Through her social worker, Ms. De La Cruz arranged for R.M.H. to be transferred to Driscoll Children's Hospital through a transport service for children with special needs. Ms. De La Cruz could not travel with her daughter. As a result, Ms. De La Cruz sent R.M.H. with her cousin, Aurora Cantu, who is 34 years old and a U.S. citizen. At the hospital's instruction, Ms. De La Cruz provided a signed, notarized letter authorizing R.M.H. to travel with her cousin. She also obtained a letter authorizing the transport service to bring R.M.H. to Driscoll. She provided both letters to Ms. Cantu.

39. The transport vehicle arrived for R.M.H. and her cousin at around 2:00 AM on October 24, 2017. Her surgery was scheduled for later that morning. During the trip to Corpus Christi, her mother remained in close communication with R.M.H. and her cousin by phone.

40. During the journey, the vehicle approached a checkpoint and was stopped for questioning by Border Patrol agents. The Border Patrol agents asked for everyone's "papers." Both the driver and Ms. Cantu provided their identity documents. The agents asked for R.M.H.'s papers, and Ms. Cantu told them that she did not have any with her. As a 10-year-old child, R.M.H. does not carry documentation of her identity. During this time, there was never any indication that R.M.H. was in danger, at risk of being trafficked, or the victim of any crime.

41. Ms. Cantu informed the agents that they were on their way to Corpus Christi for R.M.H.'s surgery and provided the corresponding documents. The agents then ordered that the driver pull the vehicle over. The agents took Ms. Cantu's documentation and went back to a trailer-style office.

42. When the agents returned, they asked Ms. Cantu for the names of R.M.H.'s parents. Ms. Cantu informed the agents that R.M.H. lives with her parents in Laredo, Texas. Ms. Cantu provided that information, and the agents told them that they could proceed. However, the agents told the driver in English that they would follow the vehicle and that when "the girl" was released from the hospital she would be "processed" for deportation.

43. Border Patrol agents held R.M.H. and Ms. Cantu at the checkpoint for approximately 30 minutes.

44. A Border Patrol agent followed R.M.H. the entire way to the hospital. Once they arrived there, the agent parked his truck and sat in the waiting room just two seats away from R.M.H. and her cousin. When R.M.H. was transferred to the next floor, the agent followed them and again sat nearby.

45. This original agent was then replaced by two other Border Patrol agents—both men—from Corpus Christi. The new agents did not say a word to Ms. Cantu when they arrived.

46. When R.M.H. was then taken to have her vital signs and weight taken in preparation for surgery, the agents followed her and Ms. Cantu. They remained present in R.M.H.'s room while her vital signs were taken.

47. A nurse then arrived with a bed to transport R.M.H. for surgery. The agents followed R.M.H. until reaching the operating room. At this point, R.M.H. was dressed in a hospital gown.

48. The agents stood outside the door while R.M.H. was waiting for surgery. Whenever the door would open, the agents would peek inside to ensure that R.M.H. was still there. Once the cousin exited the waiting room, the agents asked her if R.M.H. had gone into surgery.

49. At this point, Ms. Cantu asked the agents what would happen to her and R.M.H. During the conversation, the agents appeared confused and indicated that they believed she was R.M.H.'s mother.

50. Ms. Cantu informed the agents that she was her cousin and that R.M.H.'s mother was waiting for them to return home to Laredo. Ms. Cantu informed the agents that she was solely accompanying R.M.H. with her mother's permission.

51. The agents then asked Ms. Cantu for her documents. After calling what appeared to be their supervisor, the agents said that Ms. Cantu would not need to worry and told her that she could leave if she wanted. They then informed her that "the girl" was going to be deported. Given that R.M.H. was alone in the operating room, Ms. Cantu could not and did not want to leave her there alone.

52. The agents told Ms. Cantu that Ms. De La Cruz had two options. She could either agree for R.M.H. to be removed from the United States through voluntary departure or she could stay and be held in detention.

53. While R.M.H. was in surgery, several attorneys from the hospital arrived and informed the agents that they could not be in the hospital. The agents had not registered and were not permitted to be present. The agents refused to leave, telling the hospital officials that they had to stay because the girl was going to be deported.

54. Following the surgery, R.M.H.'s surgeon informed Ms. Cantu that R.M.H. was experiencing pain from the operation and would need to stay at least until the next day. R.M.H.

was transferred to the seventh floor, where she was provided with her own recovery room. The agents followed and stationed themselves outside of R.M.H.'s door.

R.M.H's Transfer to ORR Custody

55. On Wednesday, October 25, 2017, the day after she entered the hospital, R.M.H. was discharged. Her discharge papers stated that: "Rosa Hernandez is a post-operative patient with cerebral palsy and developmental delay. In the best interest of the patient, it is recommended that the patient be discharged to a family member that is familiar with her medical and psychological needs. The patient will need to follow up with her primary care physician in three days and in my . . . office in Laredo, Texas on November 2, 2017."

56. Yet as soon as she was discharged, Border Patrol placed her into custody, arresting R.M.H. directly from her hospital bed in her recovery room.

57. On information and belief, the CBP agents did not obtain a warrant for R.M.H.'s arrest even though the Immigration and Nationality Act permits warrantless arrests only where a person is "likely to escape" before an arrest warrant can be obtained. 8 U.S.C. § 1357(a)(2). Given that R.M.H. has a disability and was recovering from surgery at the time, there was no risk that she would "escape" before a warrant could be obtained.

58. Moreover, CBP guidance on "sensitive locations" limits the authority of CBP to pursue enforcement actions at hospitals. CBP agents must seek written approval by supervisory officials, including the Chief Patrol Agent, prior to undertaking enforcement actions at hospitals, absent exigent circumstances involving national security, terrorism, or threats to public safety.[1]

[1] *See* Memorandum from David V. Aguilar, U.S. Customs and Border Protection Enforcement Actions at or Near Certain Community Locations at 1-2 (Jan. 18, 2013), *available at* https://foiarr.cbp.gov/streamingWord.asp?i=1251.

59. On information and belief, the CBP agents did not obtain written approval by a supervisory official before following R.M.H. to her surgery appointment and arresting her at the hospital.

60. Although a CBP spokesperson stated in the news media that CBP was required to arrest R.M.H. for deportation,[2] recent guidance by the Department of Homeland Security makes clear that agents retain the authority *not* to seek the deportation of individuals they encounter on a case-by-case basis, and sets forth procedures—specifically, consultation with senior CBP officials—for the exercise of prosecutorial discretion.[3]

61. CBP has issued a "Notice to Appear" against R.M.H. The Notice to Appear is a charging document that initiates immigration court proceedings to remove a noncitizen from the United States.

62. R.M.H. is currently in ORR custody and is being detained at BCFS Health and Human Services SAC ICS Shelter in San Antonio, Texas, more than 150 miles away from her family home in Laredo.

63. On information and belief, ORR was aware when it took custody of R.M.H. that she had been living in the care and custody of her parents in the United States.

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[2] Scott Neuman & John Burnett, *10-Year-Old Girl Is Detained By Border Patrol After Emergency Surgery*, NPR, http://www.npr.org/sections/thetwo-way/2017/10/26/560149316/10-year-old-girl-is-detained-by-ice-officers-after-emergency-surgery (statement by CBP spokeperson Dan Hetlage that "[t]he agent is wrong if he lets her go. We don't have the discretion.").

[3] *See* Memorandum from John Kelly, Secretary of Homeland Security, Enforcement of the Immigration Laws to Service the National Interest at 4 (Feb. 20, 2017), https://www.dhs.gov/sites/default/files/publications/17_0220_S1_Enforcement-of-the-Immigration-Laws-to-Serve-the-National-Interest.pdf.

64. ORR is currently aware that R.M.H. lived in the continuous care and custody of her parents in the United States for approximately ten years before being arrested at the hospital by Border Patrol agents and transferred to ORR.

65. Since Wednesday, October 25, 2017, R.M.H. has remained in the shelter separated from her parents. It was not until Saturday, October 28, 2017, that she was finally able to see her father, who visited her at the shelter. She has yet to see her mother.

66. R.M.H.'s parents have requested that ORR release R.M.H. to their custody. However, ORR will not release R.M.H. to her parents' custody unless and until R.M.H. parents demonstrate that they satisfy ORR's suitability assessment criteria for the sponsors of unaccompanied children, and ORR deems them to be adequate custodians. ORR typically takes several weeks or months to make such an assessment.

The Harm of R.M.H.'s Arrest and Detention on R.M.H. and Her Family

67. The arrest, transfer, and detention of R.M.H. in ORR custody have severely impacted R.M.H. and her family.

68. The ORR shelter where R.M.H. is held is not an appropriate setting for R.M.H.'s care.

69. Cerebral palsy refers to "a group of permanent neurological disorders of movement" caused by an injury to the brain prior, during, or soon after birth. *See* Decl. of Dr. Marsha Griffin ¶ 5.[4] The impact of the brain injury (i.e., any deficiencies in motor and cognitive functioning) worsens significantly if left untreated. *Id*. ¶ 8.[5] Proper treatment of cerebral palsy includes, but is not limited to, consistent physical (gross motor), occupational (fine motor), speech, and/or

[4] *See also* Peter Rosenbaum et al. *A Report: the Definition and Classification of Cerebral Palsy*, 109 Dev. Med. Child Neurol. Suppl. 1, 8-14 (2007).

[5] *See also* Vykuntaraju KN, *Cerebral Palsy and Early Stimulation* 164 (2014) ("The natural history of untreated CP is one of . . . deterioration."); James R. Gage et al., *The Identification and Treatment of Gait Problems in Cerebral Palsy* 469 (2009) (explaining that "the natural history of untreated cerebral palsy is typically characterized by worsening").

educational/cognitive therapy. *Id.* ¶¶ 9-14.[6] These therapies are particularly important throughout childhood, when brain and overall growth development occurs in spurts. *Id.* ¶ 8. During these growth spurts, even a child whose functioning has stabilized may experience new problems in gait and other motor functions. *Id.* Assistive devices, such as orthotics and other braces, are often necessary not only to improve mobility but to prevent deformities that arise following growth spurts in childhood. *Id.* ¶15. Medications and surgical procedures may also be required to correct misalignments and muscular problems. *Id*. ¶ 16.[7]

70. Educational accommodations and related services are also required in schools so that children with cerebral palsy receive an appropriate education. *Id.* ¶ 17.[8] "Access to appropriate doctors, therapists, and teachers thus all play a critical role in the care of children with cerebral palsy." *Id*. ¶ 18. R.M.H. was receiving such services through her school, including special education classes and therapy sessions.

71. "[N]o individual plays a greater role in the treatment of cerebral palsy than the parent or guardian of the child." *Id*. Congress provided access to "early intervention" programs for children through the Individuals with Disabilities Education Act ("IDEA"), which provides parents with access and training on how to incorporate therapy into their day-to-day care and child-rearing activities. *Id.* ¶ 19. Family involvement has been demonstrated to have a positive impact on outcomes for children with cerebral palsy. *Id.* ¶¶ 18-23. Moreover, "[f]amily

[6] *See also* Cerebral Palsy Foundation, Cerebral Palsy Foundation Fact Sheet (July 2015), http://yourcpf.org/wp-content/uploads/2015/07/CPF_FactSheet.pdf.
[7] *See id*.
[8] *See* Individuals with Disabilities Education Improvement Act of 2004 ("IDEA"), Pub. L. 108-446 (2004).

management and coping have been shown to be beneficial in protecting and improving health status of children with [cerebral palsy]."[9]

72. The harms of taking R.M.H. out of her home, school, and medical environment are thus four-fold. First, R.M.H. has lost the caretaker—Ms. De La Cruz—who is most familiar with R.M.H.'s treatment needs, and who generally coordinates her medical care and therapy appointments. Second, R.M.H. has been taken from school, which provides her with special-education classes, physical therapy, and other services in a supportive environment. Third, R.M.H. has been separated from her medical team, which disrupts her specialized and ongoing therapies. Fourth, the emotional hardship and stress that the separation imposes on both R.M.H. and her parents undermines successful health outcomes for R.M.H.

73. For children with cerebral palsy, separation from family, medical team, and school therapists causes special and serious harms. *See* Grffin Decl. ¶ 24 (describing the "heightened fear of separation and anxiety" of children with cerebral palsy and family role in managing care of children with cerebral palsy), ¶¶ 25-28 (describing how family separation causes "significant harm to physical wellbeing of a child with cerebral palsy" and how detention prevents families from ensuring children with disabilities receive mandated therapeutic services from their medical team and school). "Given the limited health reserve of most children with CP [cerebral palsy], parental loss or separation can have grave impact on the child's overall prognosis and health trajectory with resultant acute decline which would have otherwise been potentially delayed." Decl. of Dr. Rachel Vandermeer ¶ 16.

74. Because R.M.H. has also just undergone surgery, the harm to her wellbeing is particularly acute. *See id.* ¶ 8 (describing the parent's critical role in the post operation period in

[9] *See* Wanid Duangdech et al, *A Causal Model of Health Status of Children with Cerebral Palsy***.** 21(4) Pac. Rim. Int. J. Nurs. Res. 291, 301 (Oct.-Dec. 2017).

managing pain, noting that "[c]hildren who have cerebral palsy are most often unable to readily communicate pain verbally" and that "medical providers heavily rely on the parent to assess the child's pain" and "[u]ntreated pain can lead to acutely worsening spasticity, agitation and seizures"); ¶ 10 (children with cerebral palsy "are at high risk of acute respiratory decompensation related to viral and bacterial illness" in public spaces); ¶¶ 14-15 ("[a]ny child with neurological impairment is at high risk for worsened feeding related issues in the post op period" and problems related to "poor wound healing"); Griffin Decl. ¶ 30 (describing how "[f]amily separation and detention following a surgical procedure on a child with a physical and cognitive disability is particularly harmful" in light of the specialized challenges of pain management, wound care, and the need to adapt ongoing therapy).

75. R.M.H.'s family has been severely impacted by her arrest and detention as well. Ms. De La Cruz and R.M.H.'s father have been distraught since agents first threatened R.M.H. at the checkpoint and began following her. Ms. De La Cruz has been unable to see her daughter, provide her with care, feed her, or simply hold her during this frightening time.

76. Ms. De La Cruz cannot sleep. She often stays up until 4 AM, nervous and stressed about her daughter's future. She just wants her back. She cannot talk about R.M.H. without breaking down in tears. Her heart is broken.

77. R.M.H.'s sisters are also suffering without her. One of her sisters calls out for R.M.H. in the middle of the night while she sleeps. This has been a nightmare for them. Their family has been torn apart.

LEGAL BACKGROUND

78. Defendants' authority to detain minors who are facing possible removal is proscribed by the Homeland Security Act of 2002 ("HSA"), the William Wilberforce Trafficking Victims

Protection Reauthorization Act of 2008 ("TVPRA"), and the *Flores* Consent Decree. Under the HSA, an "unaccompanied child" is defined as a child under the age of 18 with no lawful status in the United States, and "with respect to whom (i) there is no parent or legal guardian in the United States; or (ii) no parent or legal guardian in the United States is available to provide care and physical custody." 6 U.S.C. § 279(g)(2).

79. The HSA transferred responsibility for detained "unaccompanied children" from the former Immigration and Naturalization Service ("INS") to the Department of Health and Human Services, of which ORR is a part. 6 U.S.C. § 279(b)(1)(A).

80. The *Flores* Consent Decree applies to all children apprehended by the U.S. Department of Homeland Security ("DHS") and placed in detention, whether or not they are "unaccompanied."[10] *Flores* Consent Decree ¶¶ 1, 4, 10, Case No. CV 85-4544-RJK(Px) (C.D. Cal. Jan. 17, 1997) (attached as Exh. A) (providing that the agreement covers "all minors who are detained in the legal custody of the INS"); *see also Flores v. Lynch,* 828 F.3d 898, 905-06 (9th Cir. 2016).

81. Paragraph 11 of the *Flores* Consent Decree requires that the government place a minor in the "least restrictive setting appropriate to the minor's age and special needs . . . ." *Flores* ¶ 11. Moreover,

> [w]here the [agency] determines that the detention of the minor is not required either to secure his or her timely appearance before the [agency] or the

[10] *Flores* binds the INS and the Department of Justice, as well as "their agents, employees, contractors, and/or successors in office." The INS's powers over immigration custody generally were transferred to DHS in 2002. Homeland Security Act § 402, Pub. L. 107-296 (H.R. 5005), 6 U.S.C. § 202. Immigration custody of unaccompanied children was vested with ORR, where these responsibilities remain today. *Id*. § 279(a); *Bunikyte v. Chertoff*, 2007 WL 1074070, at *2 (W.D. Tex. 2007). Moreover, the Homeland Security Act includes explicit "savings" provisions specifying that the *Flores* Consent Decree remains in effect as to the agencies inheriting the INS' former responsibilities. *See* Pub. L. 107-296 §§ 462(f)(2), 1512(a)(1), 1512(c).

> immigration court, or to ensure the minor's safety or that of others, the [agency] shall release a minor from its custody without unnecessary delay . . . .

Flores ¶ 14. *Flores* establishes a preference for release to a parent, legal guardian, adult relative or an adult individual or entity "designated by the parent or legal guardian as capable and willing to care for the minor's well-being," over placement in a licensed facility or release to another entity. ***Id.***

82. Moreover, the *Flores* Consent Decree prohibits the government from holding minors in a secure DHS or DHS-run detention facility unless the minor meets a set of specific criteria related to certain criminal violations or safety concerns. *See Flores* ¶ 21.

83. R.M.H. does not meet the criteria under *Flores* for detention in a secure detention facility.

CLAIMS FOR RELIEF

FIRST CLAIM FOR RELIEF
Violation of the Homeland Security Act of 2002 and William Wilberforce Trafficking Victims Protection Reauthorization Act of 2008
Defendants' Lack of Statutory Authority to Transfer and Detain R.M.H. in ORR Custody

84. Plaintiffs repeat and reallege the allegations contained in all preceding paragraphs as though fully set forth herein.

85. Defendant CBP separated R.M.H. from her cousin and prevented her return to her parents when it apprehended R.M.H. and transferred her to ORR custody as an "unaccompanied child."

86. Defendant ORR continues to separate R.M.H. from her parents, cousin, and other family members by continuing to detain her.

87. Defendants' authority to detain minors who are facing possible removal is proscribed by the Homeland Security Act of 2002 ("HSA") and the William Wilberforce Trafficking Victims Protection Reauthorization Act of 2008 ("TVPRA"). The HSA provides ORR with the authority

to detain "unaccompanied children." 6 U.S.C. § 279(g)(2). The TVPRA authorizes federal agencies like CBP to transfer "unaccompanied children" into ORR custody. 8 U.S.C. § 1232(b)(1) & (b)(3).

88. The HSA and the TVPRA do not authorize the federal government to knowingly and forcibly separate a child from parents in the United States who were already providing her with care and physical custody.

89. At the time of R.M.H.'s apprehension and transfer to ORR custody, both CBP and ORR knew that she was living in the United States under the care and custody of her parents, who were "available to provide care and custody" of her. *See* 6 U.S.C. § 279(g)(2).

90. R.M.H. is not and has never been an "unaccompanied child."

91. Defendant ORR has acted unlawfully by keeping R.M.N. in its custody despite knowing that she was not an "unaccompanied child" under the relevant statutes.

92. ORR lacks any legal authority to keep R.M.H. in its custody.

SECOND CLAIM FOR RELIEF
Violation of *Flores* Consent Decree

93. Plaintiffs repeat and reallege the allegations contained in all preceding paragraphs as though fully set forth herein.

94. Plaintiffs seek the Court's review and an order to remedy violations of R.M.H.'s rights under the *Flores* Consent Decree pursuant to Paragraph 24B of the Consent Decree (attached as Exh. A). Paragraph 24B provides that "[a]ny minor who disagrees with the [agency's] determination to place that minor in a particular type of facility . . . may seek judicial review in any United States District Court with jurisdiction and venue over the matter to challenge that placement determination . . . ."

95. Defendants have violated and continue to violate R.M.H.'s rights under the following paragraphs of the *Flores* Consent Decree:

> Paragraph 11: requiring the government to place a minor in the "least restrictive setting appropriate to the minor's age and special needs . . . ."
>
> Paragraph 14: requiring that the government release a minor to the minor's parent unless "the detention of the minor is . . . required either to secure his or her timely appearance before the INS or the immigration court, or to ensure the minor's safety or that of others."

96. Defendants CBP and ORR have violated Paragraphs 11 and 14 of the *Flores* Consent Decree by transferring R.M.H. to and detaining R.M.H. at an ORR-contracted shelter, rather than releasing her immediately to her parents or another family member.

THIRD CLAIM FOR RELIEF
Due Process Clause of the Fifth Amendment to the U.S. Constitution
Violation of the Right to Family Integrity

97. Plaintiffs repeat and reallege the allegations contained in all preceding paragraphs as though fully set forth herein.

98. The Fifth Amendment to the U.S. Constitution provides that "no person . . . shall be deprived of . . . liberty . . . without due process of law." U.S. Const., amend. V.

99. Plaintiffs have a fundamental and reciprocal liberty interest in family integrity, which is protected by both substantive and procedural due process.

100. R.M.H. has been in the care and custody of her mother since she was born.

101. At no point have Defendants found that R.M.H.'s mother is unfit to care for her. Nor did Defendants provide a prompt hearing to determine the fitness of R.M.H.'s mother prior to R.M.H.'s arrest, transfer, and detention.

102. By transferring and detaining R.M.H. in ORR custody, without any hearing to determine the ability of her mother to provide for her care and custody, Defendants have deprived R.M.H.

of the care of her mother, Ms. De La Cruz, and Ms. De La Cruz's freedom to provide such care, in violation of their fundamental due process rights.

FOURTH CLAIM FOR RELIEF
Violation of the Due Process Clause of the Fifth Amendment to the U.S. Constitution
Arbitrary Detention

103. Plaintiffs repeat and reallege the allegations contained in all preceding paragraphs as though fully set forth herein.

104. The Fifth Amendment to the U.S. Constitution provides that "no person . . . shall be deprived of . . . liberty . . . without due process of law." U.S. Const., amend. V.

105. The Due Process Clause of the Fifth Amendment permits civil detention of individuals only where it is reasonably related to the government's interests in preventing flight risk or protecting the community from danger.

106. R.M.H. is neither a flight risk nor does she pose a danger to public safety. She is a 10-year old child with serious medical needs who has lived in a stable home with her family her entire life.

107. For these reasons, R.M.H.'s continued detention violates the Due Process Clause.

FIFTH CLAIM FOR RELIEF
Violation of Immigration and Nationality Act
Unlawful Warrantless Arrest

108. Plaintiffs incorporate the allegations of the preceding paragraphs as if fully set forth herein.

109. The Immigration and Nationality Act, 8 U.S.C. § 1357(a)(2), limits Defendants' warrantless arrest authority to situations where there is probable cause of removability and the person is "likely to escape before a warrant can be obtained for [her] arrest." *Id*.

110. R.M.H. was detained by Border Patrol agents without a warrant and without any determination that she was likely to escape.

111. R.M.H. was not a flight risk. She is 10 years old, has cerebral palsy, and at the time of her arrest was incapacitated while in the process of seeking necessary medical care.

112. By arresting R.M.H., Defendants took away her liberty in violation of 8 U.S.C. § 1357(a)(2) and without any lawful authority. She continues to be detained without any lawful authority.

SIXTH CLAIM FOR RELIEF
Violation of Rehabilitation Act, 29 U.S.C. § 794
Discrimination in Federal Programs or Activities

113. Plaintiffs incorporate the allegations of the preceding paragraphs as if fully set forth herein.

114. DHS, CBP, and ORR are federal agencies and as such are covered entities for purposes of Section 504 of the Rehabilitation Act, 29 U.S.C. § 794. As such, DHS, CBP, and ORR are prohibited from discriminating against any "qualified individual with a disability." 29 U.S.C. § 794(a).

115. R.M.H. is, and was at all times pertinent hereto, a qualified individual with a disability.

116. R.M.H. has cerebral palsy, which is a disability under the Rehabilitation Act. *See* 28 C.F.R. §§ 35.108(b)(2) & (d)(2)(iii)(G); 29 C.F.R. § 1630.2(j)(3)(iii).

117. CBP violated Section 504 of the Rehabilitation Act, 29 U.S.C. § 794, by discriminating against R.M.H. because of her disability, and by failing to provide R.M.H. reasonable accommodations of her disability.

118. At all times relevant hereto, DHS, CBP, and ORR were aware that R.M.H. has cerebral palsy and as a result requires medical treatment and therapies. DHS, CBP and ORR were also

aware that R.M.H. lived with and was in the continuous legal and physical custody of her parents in Laredo, Texas.

119. Despite knowing the foregoing facts, including that R.M.H. has cerebral palsy, CBP officers took her into custody immediately upon her release from the hospital and transferred her physically to ORR custody in San Antonio, where she remains to this day. CBP also took her into custody notwithstanding her medical providers' express recommendation that she be released back to the custody of her family. ORR continued to hold her in its custody rather than releasing her back to her family. As a result, DHS, CBP and ORR prevented R.M.H. from receiving additional medical and disability-related care at the direction of her mother.

120. DHS, CBP, and ORR undertook the foregoing actions with full knowledge of, and with deliberate indifference to, R.M.H.'s disability.

121. As a direct result of CBP and ORR's actions, R.M.H. has suffered and continues to suffer physical injury, emotional distress, and mental pain and anguish.

PRAYER FOR RELIEF

Wherefore, Plaintiffs respectively request that the Court:

1. Declare R.M.H.'s transfer to and continued detention in ORR custody to be in violation of the Homeland Security Act of 2002, William Wilberforce Trafficking Victims Protection Reauthorization Act of 2008, the *Flores* Consent Decree, the Rehabilitation Act, and the Due Process Clause of the Fifth Amendment;

2. Declare Plaintiffs' arrest by CBP to be in violation of the Immigration and Nationality Act, 8 U.S.C. § 1357(a)(2), and the Rehabilitation Act;

3. Enjoin Defendants from detaining R.M.H. and order Defendants to release R.M.H. to the custody of her parents immediately;

4. Award attorneys' fees and costs; and

5. Grant any further relief that the Court deems proper.

DATED: October 31, 2017

/s/_Edgar Saldivar_____

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CERTIFICATE OF SERVICE

I, Edgar Saldivar, hereby certify that on October 31, 2017 true and correct paper copies of this Petition for Writ of Habeas Corpus and Complaint for Declaratory Injunctive Relief were delivered to the Court and paper copies of all pleadings were mailed to all Defendants.

Dated: October 31, 2017

Respectfully Submitted:
/s/ Edgar Saldivar
Edgar Saldivar

Exhibit A

8/12/96

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UNITED STATES DISTRICT COURT
CENTRAL DISTRICT OF CALIFORNIA

JENNY LISETTE FLORES, et al.,	)	Case No. CV 85-4544-RJK(Px)
	)	
Plaintiffs,	)	Stipulated Settlement
	)	Agreement
-vs-	)	
	)	
JANET RENO, Attorney General of the United States, et al.,	)	
	)	
Defendants.	)	

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/ / /

STIPULATED SETTLEMENT AGREEMENT

WHEREAS, Plaintiffs have filed this action against Defendants, challenging, *inter alia*, the constitutionality of Defendants' policies, practices and regulations regarding the detention and release of unaccompanied minors taken into the custody of the Immigration and Naturalization Service (INS) in the Western Region; and

WHEREAS, the district court has certified this case as a class action on behalf of all minors apprehended by the INS in the Western Region of the United States; and

WHEREAS, this litigation has been pending for nine (9) years, all parties have conducted extensive discovery, and the United States Supreme Court has upheld the constitutionality of the challenged INS regulations on their face and has remanded for further proceedings consistent with its opinion; and

WHEREAS, on November 30, 1987, the parties reached a settlement agreement requiring that minors in INS custody in the Western Region be housed in facilities meeting certain standards, including state standards for the housing and care of dependent children, and Plaintiffs' motion to enforce compliance with that settlement is currently pending before the court; and

WHEREAS, a trial in this case would be complex, lengthy and costly to all parties concerned, and the decision of the district court would be subject to appeal by the losing parties with the final outcome uncertain; and

WHEREAS, the parties believe that settlement of this action is in their best interests and best serves the interests of justice by avoiding a complex, lengthy and costly trial, and subsequent appeals which could last several more years;

NOW, THEREFORE, Plaintiffs and Defendants enter into this Stipulated Settlement Agreement

(the Agreement), stipulate that it constitutes a full and complete resolution of the issues raised in this action, and agree to the following:

I DEFINITIONS

As used throughout this Agreement the following definitions shall apply:

1. The term "party" or "parties" shall apply to Defendants and Plaintiffs. As the term applies to Defendants, it shall include their agents, employees, contractors and/or successors in office. As the term applies to Plaintiffs, it shall include all class members.

2. The term "Plaintiff" or "Plaintiffs" shall apply to the named plaintiffs and all class members.

3. The term "class member" or "class members" shall apply to the persons defined in Paragraph 10 below.

4. The term "minor" shall apply to any person under the age of eighteen (18) years who is detained in the legal custody of the INS. This Agreement shall cease to apply to any person who has reached the age of eighteen years. The term "minor" shall not include an emancipated minor or an individual who has been incarcerated due to a conviction for a criminal offense as an adult. The INS shall treat all persons who are under the age of eighteen but not included within the definition of "minor" as adults for all purposes, including release on bond or recognizance.

5. The term "emancipated minor" shall refer to any minor who has been determined to be emancipated in an appropriate state judicial proceeding.

6. The term "licensed program" shall refer to any program, agency or organization that is licensed by an appropriate State agency to provide residential, group, or foster care services for dependent children, including a program operating group homes, foster homes, or facilities for special needs minors. A licensed program must also meet those standards for licensed programs set forth in

Exhibit 1 attached hereto. All homes and facilities operated by licensed programs, including facilities for special needs minors, shall be non-secure as required under state law; provided, however, that a facility for special needs minors may maintain that level of security permitted under state law which is necessary for the protection of a minor or others in appropriate circumstances, *e.g.*, cases in which a minor has drug or alcohol problems or is mentally ill. The INS shall make reasonable efforts to provide licensed placements in those geographical areas where the majority of minors are apprehended, such as southern California, southeast Texas, southern Florida and the northeast corridor.

7. The term "special needs minor" shall refer to a minor whose mental and/or physical condition requires special services and treatment by staff. A minor may have special needs due to drug or alcohol abuse, serious emotional disturbance, mental illness or retardation, or a physical condition or chronic illness that requires special services or treatment. A minor who has suffered serious neglect or abuse may be considered a minor with special needs if the minor requires special services or treatment as a result of the neglect or abuse. The INS shall assess minors to determine if they have special needs and, if so, shall place such minors, whenever possible, in licensed programs in which the INS places children without special needs, but which provide services and treatment for such special needs.

8. The term "medium security facility" shall refer to a facility that is operated by a program, agency or organization licensed by an appropriate State agency and that meets those standards set forth in Exhibit 1 attached hereto. A medium security facility is designed for minors who require close supervision but do not need placement in juvenile correctional facilities. It provides 24-hour awake supervision, custody, care, and treatment. It maintains stricter security measures, such as intensive staff supervision, than a facility operated by a licensed program in order to control problem behavior and to prevent escape. Such a facility may have a secure perimeter but shall not be equipped internally with

major restraining construction or procedures typically associated with correctional facilities.

II SCOPE OF SETTLEMENT, EFFECTIVE DATE, AND PUBLICATION

9. This Agreement sets out nationwide policy for the detention, release, and treatment of minors in the custody of the INS and shall supersede all previous INS policies that are inconsistent with the terms of this Agreement. This Agreement shall become effective upon final court approval, except that those terms of this Agreement regarding placement pursuant to Paragraph 19 shall not become effective until all contracts under the Program Announcement referenced in Paragraph 20 below are negotiated and implemented. The INS shall make its best efforts to execute these contracts within 120 days after the court's final approval of this Agreement. However, the INS will make reasonable efforts to comply with Paragraph 19 prior to full implementation of all such contracts. Once all contracts under the Program Announcement referenced in Paragraph 20 have been implemented, this Agreement shall supersede the agreement entitled Memorandum of Understanding Re Compromise of Class Action: Conditions of Detention (hereinafter "MOU"), entered into by and between the Plaintiffs and Defendants and filed with the United States District Court for the Central District of California on November 30, 1987, and the MOU shall thereafter be null and void. However, Plaintiffs shall not institute any legal action for enforcement of the MOU for a six (6) month period commencing with the final district court approval of this Agreement, except that Plaintiffs may institute enforcement proceedings if the Defendants have engaged in serious violations of the MOU that have caused irreparable harm to a class member for which injunctive relief would be appropriate. Within 120 days of the final district court approval of this Agreement, the INS shall initiate action to publish the relevant and substantive terms of this Agreement as a Service regulation. The final regulations shall not be inconsistent with the terms of this Agreement. Within 30 days of final court approval of this

Agreement, the INS shall distribute to all INS field offices and sub-offices instructions regarding the processing, treatment, and placement of juveniles. Those instructions shall include, but may not be limited to, the provisions summarizing the terms of this Agreement, attached hereto as Exhibit 2.

III CLASS DEFINITION

10. The certified class in this action shall be defined as follows: "All minors who are detained in the legal custody of the INS."

IV STATEMENTS OF GENERAL APPLICABILITY

11. The INS treats, and shall continue to treat, all minors in its custody with dignity, respect and special concern for their particular vulnerability as minors. The INS shall place each detained minor in the least restrictive setting appropriate to the minor's age and special needs, provided that such setting is consistent with its interests to ensure the minor's timely appearance before the INS and the immigration courts and to protect the minor's well-being and that of others. Nothing herein shall require the INS to release a minor to any person or agency whom the INS has reason to believe may harm or neglect the minor or fail to present him or her before the INS or the immigration courts when requested to do so.

V PROCEDURES AND TEMPORARY PLACEMENT FOLLOWING ARREST

12.A. Whenever the INS takes a minor into custody, it shall expeditiously process the minor and shall provide the minor with a notice of rights, including the right to a bond redetermination hearing if applicable. Following arrest, the INS shall hold minors in facilities that are safe and sanitary and that are consistent with the INS's concern for the particular vulnerability of minors. Facilities will provide access to toilets and sinks, drinking water and food as appropriate, medical assistance if the minor is in need of emergency services, adequate temperature control and ventilation, adequate supervision to

protect minors from others, and contact with family members who were arrested with the minor. The INS will segregate unaccompanied minors from unrelated adults. Where such segregation is not immediately possible, an unaccompanied minor will not be detained with an unrelated adult for more than 24 hours. If there is no one to whom the INS may release the minor pursuant to Paragraph 14, and no appropriate licensed program is immediately available for placement pursuant to Paragraph 19, the minor may be placed in an INS detention facility, or other INS-contracted facility, having separate accommodations for minors, or a State or county juvenile detention facility. However, minors shall be separated from delinquent offenders. Every effort must be taken to ensure that the safety and well-being of the minors detained in these facilities are satisfactorily provided for by the staff. The INS will transfer a minor from a placement under this paragraph to a placement under Paragraph 19, (i) within three (3) days, if the minor was apprehended in an INS district in which a licensed program is located and has space available; or (ii) within five (5) days in all other cases; except:

1. as otherwise provided under Paragraph 13 or Paragraph 21;
2. as otherwise required by any court decree or court-approved settlement;
3. in the event of an emergency or influx of minors into the United States, in which case the INS shall place all minors pursuant to Paragraph 19 as expeditiously as possible; or
4. where individuals must be transported from remote areas for processing or speak unusual languages such that the INS must locate interpreters in order to complete processing, in which case the INS shall place all such minors pursuant to Paragraph 19 within five (5) business days.

B. For purposes of this paragraph, the term "emergency" shall be defined as any act or event that prevents the placement of minors pursuant to Paragraph 19 within the time frame provided. Such

emergencies include natural disasters (e.g., earthquakes, hurricanes, etc.), facility fires, civil disturbances, and medical emergencies (e.g., a chicken pox epidemic among a group of minors). The term "influx of minors into the United States" shall be defined as those circumstances where the INS has, at any given time, more than 130 minors eligible for placement in a licensed program under Paragraph 19, including those who have been so placed or are awaiting such placement.

C. In preparation for an "emergency" or "influx," as described in Subparagraph B, the INS shall have a written plan that describes the reasonable efforts that it will take to place all minors as expeditiously as possible. This plan shall include the identification of 80 beds that are potentially available for INS placements and that are licensed by an appropriate State agency to provide residential, group, or foster care services for dependent children. The plan, without identification of the additional beds available, is attached as Exhibit 3. The INS shall not be obligated to fund these additional beds on an ongoing basis. The INS shall update this listing of additional beds on a quarterly basis and provide Plaintiffs' counsel with a copy of this listing.

13. If a reasonable person would conclude that an alien detained by the INS is an adult despite his claims to be a minor, the INS shall treat the person as an adult for all purposes, including confinement and release on bond or recognizance. The INS may require the alien to submit to a medical or dental examination conducted by a medical professional or to submit to other appropriate procedures to verify his or her age. If the INS subsequently determines that such an individual is a minor, he or she will be treated as a minor in accordance with this Agreement for all purposes.

VI GENERAL POLICY FAVORING RELEASE

14. Where the INS determines that the detention of the minor is not required either to secure his or her timely appearance before the INS or the immigration court, or to ensure the minor's safety or that

of others, the INS shall release a minor from its custody without unnecessary delay, in the following order of preference, to:

A. a parent;

B. a legal guardian;

C. an adult relative (brother, sister, aunt, uncle, or grandparent);

D. an adult individual or entity designated by the parent or legal guardian as capable and willing to care for the minor's well-being in (i) a declaration signed under penalty of perjury before an immigration or consular officer or (ii) such other document(s) that establish(es) to the satisfaction of the INS, in its discretion, the affiant's paternity or guardianship;

E. a licensed program willing to accept legal custody; or

F. an adult individual or entity seeking custody, in the discretion of the INS, when it appears that there is no other likely alternative to long term detention and family reunification does not appear to be a reasonable possibility.

15. Before a minor is released from INS custody pursuant to Paragraph 14 above, the custodian must execute an Affidavit of Support (Form I-134) and an agreement to:

A. provide for the minor's physical, mental, and financial well-being;

B. ensure the minor's presence at all future proceedings before the INS and the immigration court;

C. notify the INS of any change of address within five (5) days following a move;

D. in the case of custodians other than parents or legal guardians, not transfer custody of the minor to another party without the prior written permission of the District Director;

E. notify the INS at least five days prior to the custodian's departing the United States of such departure, whether the departure is voluntary or pursuant to a grant of voluntary departure or order of deportation; and

F. if dependency proceedings involving the minor are initiated, notify the INS of the initiation of such proceedings and the dependency court of any immigration proceedings pending against the minor.

In the event of an emergency, a custodian may transfer temporary physical custody of a minor prior to securing permission from the INS but shall notify the INS of the transfer as soon as is practicable thereafter, but in all cases within 72 hours. For purposes of this paragraph, examples of an "emergency" shall include the serious illness of the custodian, destruction of the home, etc. In all cases where the custodian, in writing, seeks written permission for a transfer, the District Director shall promptly respond to the request.

16. The INS may terminate the custody arrangements and assume legal custody of any minor whose custodian fails to comply with the agreement required under Paragraph 15. The INS, however, shall not terminate the custody arrangements for minor violations of that part of the custodial agreement outlined at Subparagraph 15.C above.

17. A positive suitability assessment may be required prior to release to any individual or program pursuant to Paragraph 14. A suitability assessment may include such components as an investigation of the living conditions in which the minor would be placed and the standard of care he would receive, verification of identity and employment of the individuals offering support, interviews of members of the household, and a home visit. Any such assessment should also take into consideration the wishes and concerns of the minor.

18. Upon taking a minor into custody, the INS, or the licensed program in which the minor is placed, shall make and record the prompt and continuous efforts on its part toward family reunification and the release of the minor pursuant to Paragraph 14 above. Such efforts at family reunification shall continue so long as the minor is in INS custody.

VII INS CUSTODY

19. In any case in which the INS does not release a minor pursuant to Paragraph 14, the minor shall remain in INS legal custody. Except as provided in Paragraphs 12 or 21, such minor shall be placed temporarily in a licensed program until such time as release can be effected in accordance with Paragraph 14 above or until the minor's immigration proceedings are concluded, whichever occurs earlier. All minors placed in such a licensed program remain in the legal custody of the INS and may only be transferred or released under the authority of the INS; provided, however, that in the event of an emergency a licensed program may transfer temporary physical custody of a minor prior to securing permission from the INS but shall notify the INS of the transfer as soon as is practicable thereafter, but in all cases within 8 hours.

20. Within 60 days of final court approval of this Agreement, the INS shall authorize the United States Department of Justice Community Relations Service to publish in the Commerce Business Daily and/or the Federal Register a Program Announcement to solicit proposals for the care of 100 minors in licensed programs.

21. A minor may be held in or transferred to a suitable State or county juvenile detention facility or a secure INS detention facility, or INS-contracted facility, having separate accommodations for minors whenever the District Director or Chief Patrol Agent determines that the minor:

A. has been charged with, is chargeable, or has been convicted of a crime, or is the subject

of delinquency proceedings, has been adjudicated delinquent, or is chargeable with a delinquent act; provided, however, that this provision shall not apply to any minor whose offense(s) fall(s) within either of the following categories:

i. Isolated offenses that (1) were not within a pattern or practice of criminal activity and (2) did not involve violence against a person or the use or carrying of a weapon (Examples: breaking and entering, vandalism, DUI, etc. This list is not exhaustive.);

ii. Petty offenses, which are not considered grounds for stricter means of detention in any case (Examples: shoplifting, joy riding, disturbing the peace, etc. This list is not exhaustive.);

As used in this paragraph, "chargeable" means that the INS has probable cause to believe that the individual has committed a specified offense;

B. has committed, or has made credible threats to commit, a violent or malicious act (whether directed at himself or others) while in INS legal custody or while in the presence of an INS officer;

C. has engaged, while in a licensed program, in conduct that has proven to be unacceptably disruptive of the normal functioning of the licensed program in which he or she has been placed and removal is necessary to ensure the welfare of the minor or others, as determined by the staff of the licensed program (Examples: drug or alcohol abuse, stealing, fighting, intimidation of others, etc. This list is not exhaustive.);

D. is an escape-risk; or

E. must be held in a secure facility for his or her own safety, such as when the INS has

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reason to believe that a smuggler would abduct or coerce a particular minor to secure payment of smuggling fees.

22. The term "escape-risk" means that there is a serious risk that the minor will attempt to escape from custody. Factors to consider when determining whether a minor is an escape-risk or not include, but are not limited to, whether:

A. the minor is currently under a final order of deportation or exclusion;

B. the minor's immigration history includes: a prior breach of a bond; a failure to appear before the INS or the immigration court; evidence that the minor is indebted to organized smugglers for his transport; or a voluntary departure or a previous removal from the United States pursuant to a final order of deportation or exclusion;

C. the minor has previously absconded or attempted to abscond from INS custody.

23. The INS will not place a minor in a secure facility pursuant to Paragraph 21 if there are less restrictive alternatives that are available and appropriate in the circumstances, such as transfer to (a) a medium security facility which would provide intensive staff supervision and counseling services or (b) another licensed program. All determinations to place a minor in a secure facility will be reviewed and approved by the regional juvenile coordinator.

24.A. A minor in deportation proceedings shall be afforded a bond redetermination hearing before an immigration judge in every case, unless the minor indicates on the Notice of Custody Determination form that he or she refuses such a hearing.

B. Any minor who disagrees with the INS's determination to place that minor in a particular type of facility, or who asserts that the licensed program in which he or she has been placed does not comply with the standards set forth in Exhibit 1 attached hereto, may seek judicial review in any

United States District Court with jurisdiction and venue over the matter to challenge that placement determination or to allege noncompliance with the standards set forth in Exhibit 1. In such an action, the United States District Court shall be limited to entering an order solely affecting the individual claims of the minor bringing the action.

C. In order to permit judicial review of Defendants' placement decisions as provided in this Agreement, Defendants shall provide minors not placed in licensed programs with a notice of the reasons for housing the minor in a detention or medium security facility. With respect to placement decisions reviewed under this paragraph, the standard of review for the INS's exercise of its discretion shall be the abuse of discretion standard of review. With respect to all other matters for which this paragraph provides judicial review, the standard of review shall be *de novo* review.

D. The INS shall promptly provide each minor not released with (a) INS Form I-770, (b) an explanation of the right of judicial review as set out in Exhibit 6, and (c) the list of free legal services available in the district pursuant to INS regulations (unless previously given to the minor).

E. Exhausting the procedures established in Paragraph 37 of this Agreement shall not be a precondition to the bringing of an action under this paragraph in any United District Court. Prior to initiating any such action, however, the minor and/or the minors' attorney shall confer telephonically or in person with the United States Attorney's office in the judicial district where the action is to be filed, in an effort to informally resolve the minor's complaints without the need of federal court intervention.

VIII TRANSPORTATION OF MINORS

25. Unaccompanied minors arrested or taken into custody by the INS should not be transported by the INS in vehicles with detained adults except:

A. when being transported from the place of arrest or apprehension to an INS office, or

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B. where separate transportation would be otherwise impractical.

When transported together pursuant to Clause B, minors shall be separated from adults. The INS shall take necessary precautions for the protection of the well-being of such minors when transported with adults.

26. The INS shall assist without undue delay in making transportation arrangements to the INS office nearest the location of the person or facility to whom a minor is to be released pursuant to Paragraph 14. The INS may, in its discretion, provide transportation to minors.

IX TRANSFER OF MINORS

27. Whenever a minor is transferred from one placement to another, the minor shall be transferred with all of his or her possessions and legal papers; provided, however, that if the minor's possessions exceed the amount permitted normally by the carrier in use, the possessions will be shipped to the minor in a timely manner. No minor who is represented by counsel shall be transferred without advance notice to such counsel, except in unusual and compelling circumstances such as where the safety of the minor or others is threatened or the minor has been determined to be an escape-risk, or where counsel has waived such notice, in which cases notice shall be provided to counsel within 24 hours following transfer.

X MONITORING AND REPORTS

28A. An INS Juvenile Coordinator in the Office of the Assistant Commissioner for Detention and Deportation shall monitor compliance with the terms of this Agreement and shall maintain an up-to-date record of all minors who are placed in proceedings and remain in INS custody for longer than 72 hours. Statistical information on such minors shall be collected weekly from all INS district offices and Border Patrol stations. Statistical information will include at least the following: (1)

biographical information such as each minor's name, date of birth, and country of birth, (2) date placed in INS custody, (3) each date placed, removed or released, (4) to whom and where placed, transferred, removed or released, (5) immigration status, and (6) hearing dates. The INS, through the Juvenile Coordinator, shall also collect information regarding the reasons for every placement of a minor in a detention facility or medium security facility.

B. Should Plaintiffs' counsel have reasonable cause to believe that a minor in INS legal custody should have been released pursuant to Paragraph 14, Plaintiffs' counsel may contact the Juvenile Coordinator to request that the Coordinator investigate the case and inform Plaintiffs' counsel of the reasons why the minor has not been released.

29. On a semi-annual basis, until two years after the court determines, pursuant to Paragraph 31, that the INS has achieved substantial compliance with the terms of this Agreement, the INS shall provide to Plaintiffs' counsel the information collected pursuant to Paragraph 28, as permitted by law, and each INS policy or instruction issued to INS employees regarding the implementation of this Agreement. In addition, Plaintiffs' counsel shall have the opportunity to submit questions, on a semi-annual basis, to the Juvenile Coordinator in the Office of the Assistant Commissioner for Detention and Deportation with regard to the implementation of this Agreement and the information provided to Plaintiffs' counsel during the preceding six-month period pursuant to Paragraph 28. Plaintiffs' counsel shall present such questions either orally or in writing, at the option of the Juvenile Coordinator. The Juvenile Coordinator shall furnish responses, either orally or in writing at the option of Plaintiffs' counsel, within 30 days of receipt.

30. On an annual basis, commencing one year after final court approval of this Agreement, the INS Juvenile Coordinator shall review, assess, and report to the court regarding compliance with the

terms of this Agreement. The Coordinator shall file these reports with the court and provide copies to the parties, including the final report referenced in Paragraph 35, so that they can submit comments on the report to the court. In each report, the Coordinator shall state to the court whether or not the INS is in substantial compliance with the terms of this Agreement, and, if the INS is not in substantial compliance, explain the reasons for the lack of compliance. The Coordinator shall continue to report on an annual basis until three years after the court determines that the INS has achieved substantial compliance with the terms of this Agreement.

31. One year after the court's approval of this Agreement, the Defendants may ask the court to determine whether the INS has achieved substantial compliance with the terms of this Agreement.

XI ATTORNEY-CLIENT VISITS

32.A. Plaintiffs' counsel are entitled to attorney-client visits with class members even though they may not have the names of class members who are housed at a particular location. All visits shall occur in accordance with generally applicable policies and procedures relating to attorney-client visits at the facility in question. Upon Plaintiffs' counsel's arrival at a facility for attorney-client visits, the facility staff shall provide Plaintiffs' counsel with a list of names and alien registration numbers for the minors housed at that facility. In all instances, in order to memorialize any visit to a minor by Plaintiffs' counsel, Plaintiffs' counsel must file a notice of appearance with the INS prior to any attorney-client meeting. Plaintiffs' counsel may limit any such notice of appearance to representation of the minor in connection with this Agreement. Plaintiffs' counsel must submit a copy of the notice of appearance by hand or by mail to the local INS juvenile coordinator and a copy by hand to the staff of the facility.

B. Every six months, Plaintiffs' counsel shall provide the INS with a list of those attorneys who

may make such attorney-client visits, as Plaintiffs' counsel, to minors during the following six month period. Attorney-client visits may also be conducted by any staff attorney employed by the Center for Human Rights & Constitutional Law in Los Angeles, California or the National Center for Youth Law in San Francisco, California, provided that such attorney presents credentials establishing his or her employment prior to any visit.

C. Agreements for the placement of minors in non-INS facilities shall permit attorney-client visits, including by class counsel in this case.

D. Nothing in Paragraph 32 shall affect a minor's right to refuse to meet with Plaintiffs' counsel. Further, the minor's parent or legal guardian may deny Plaintiffs' counsel permission to meet with the minor.

XII FACILITY VISITS

33. In addition to the attorney-client visits permitted pursuant to Paragraph 32, Plaintiffs' counsel may request access to any licensed program's facility in which a minor has been placed pursuant to Paragraph 19 or to any medium security facility or detention facility in which a minor has been placed pursuant to Paragraphs 21 or 23. Plaintiffs' counsel shall submit a request to visit a facility under this paragraph to the INS district juvenile coordinator who will provide reasonable assistance to Plaintiffs' counsel by conveying the request to the facility's staff and coordinating the visit. The rules and procedures to be followed in connection with any visit approved by a facility under this paragraph are set forth in Exhibit 4 attached, except as may be otherwise agreed by Plaintiffs' counsel and the facility's staff. In all visits to any facility pursuant to this Agreement, Plaintiffs' counsel and their associated experts shall treat minors and staff with courtesy and dignity and shall not disrupt the normal functioning of the facility.

XIII TRAINING

34. Within 120 days of final court approval of this Agreement, the INS shall provide appropriate guidance and training for designated INS employees regarding the terms of this Agreement. The INS shall develop written and/or audio or video materials for such training. Copies of such written and/or audio or video training materials shall be made available to Plaintiffs' counsel when such training materials are sent to the field, or to the extent practicable, prior to that time.

XIV DISMISSAL

35. After the court has determined that the INS is in substantial compliance with this Agreement and the Coordinator has filed a final report, the court, without further notice, shall dismiss this action. Until such dismissal, the court shall retain jurisdiction over this action.

XV RESERVATION OF RIGHTS

36. Nothing in this Agreement shall limit the rights, if any, of individual class members to preserve issues for judicial review in the appeal of an individual case or for class members to exercise any independent rights they may otherwise have.

XVI NOTICE AND DISPUTE RESOLUTION

37. This paragraph provides for the enforcement, in this District Court, of the provisions of this Agreement except for claims brought under Paragraph 24. The parties shall meet telephonically or in person to discuss a complete or partial repudiation of this Agreement or any alleged non-compliance with the terms of the Agreement, prior to bringing any individual or class action to enforce this Agreement. Notice of a claim that a party has violated the terms of this Agreement shall be served on plaintiffs addressed to:

/ / /

CENTER FOR HUMAN RIGHTS & CONSTITUTIONAL LAW
Carlos Holguín
Peter A. Schey
256 South Occidental Boulevard
Los Angeles, CA 90057

NATIONAL CENTER FOR YOUTH LAW
Alice Bussiere
James Morales
114 Sansome Street, Suite 905
San Francisco, CA 94104

and on Defendants addressed to:

Michael Johnson
Assistant United States Attorney
300 N. Los Angeles St., Rm. 7516
Los Angeles, CA 90012

Allen Hausman
Office of Immigration Litigation
Civil Division
U.S. Department of Justice
P.O. Box 878, Ben Franklin Station
Washington, DC 20044

XVII PUBLICITY

38. Plaintiffs and Defendants shall hold a joint press conference to announce this Agreement. The INS shall send copies of this Agreement to social service and voluntary agencies agreed upon by the parties, as set forth in Exhibit 5 attached. The parties shall pursue such other public dissemination of information regarding this Agreement as the parties shall agree.

XVIII ATTORNEYS' FEES AND COSTS

39. Within 60 days of final court approval of this Agreement, Defendants shall pay to Plaintiffs the total sum of $374,110.09, in full settlement of all attorneys' fees and costs in this case.

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XIX TERMINATION

40. All terms of this Agreement shall terminate the earlier of five years after the date of final court approval of this Agreement or three years after the court determines that the INS is in substantial compliance with this Agreement, except that the INS shall continue to house the general population of minors in INS custody in facilities that are licensed for the care of dependent minors.

XX REPRESENTATIONS AND WARRANTY

41. Counsel for the respective parties, on behalf of themselves and their clients, represent that they know of nothing in this Agreement that exceeds the legal authority of the parties or is in violation of any law. Defendants' counsel represent and warrant that they are fully authorized and empowered to enter into this Agreement on behalf of the Attorney General, the United States Department of Justice, and the Immigration and Naturalization Service, and acknowledge that Plaintiffs enter into this Agreement in reliance on such representation. Plaintiffs' counsel represent and warrant that they are fully authorized and empowered to enter into this Agreement on behalf of the Plaintiffs, and acknowledge that Defendants enter into this Agreement in reliance on such representation. The undersigned, by their signatures on behalf of the Plaintiffs and Defendants, warrant that upon execution of this Agreement in their representative capacities, their principals, agents, and successors of such principals and agents shall be fully and unequivocally bound hereunder to the full extent authorized by law.

For Defendants: Signed: Doris Meissner Title: Commissioner, INS

Dated: 9/16/96

For Plaintiffs: Signed: per next page Title: _____

Dated: _____

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The foregoing stipulated settlement is approved as to form and content:

CENTER FOR HUMAN RIGHTS AND CONSTITUTIONAL LAW
Carlos Holguin
Peter Schey

NATIONAL CENTER FOR YOUTH LAW
Alice Bussiere
James Morales

ACLU FOUNDATION OF SOUTHERN CALIFORNIA
Mark Rosenbaum
Sylvia Argueta

STEICH LANG
Susan G. Boswell
Jeffery Willis

Date: 1/13/97 By _____

Date: 11/13/96 By _____

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Exhibit 1

EXHIBIT 1

MINIMUM STANDARDS FOR LICENSED PROGRAMS

A. Licensed programs shall comply with all applicable state child welfare laws and regulations and all state and local building, fire, health and safety codes and shall provide or arrange for the following services for each minor in its care:

1. Proper physical care and maintenance, including suitable living accommodations, food, appropriate clothing, and personal grooming items.

2. Appropriate routine medical and dental care, family planning services, and emergency health care services, including a complete medical examination (including screening for infectious disease) within 48 hours of admission, excluding weekends and holidays, unless the minor was recently examined at another facility; appropriate immunizations in accordance with the U.S. Public Health Service (PHS), Center for Disease Control; administration of prescribed medication and special diets; appropriate mental health interventions when necessary.

3. An individualized needs assessment which shall include: (a) various initial intake forms; (b) essential data relating to the identification and history of the minor and family; (c) identification of the minors' special needs including any specific problem(s) which appear to require immediate intervention; (d) an educational assessment and plan; (e) an assessment of family relationships and interaction with adults, peers and authority figures; (f) a statement of religious preference and practice; (g) an assessment of the minor's personal goals, strengths and weaknesses; and (h) identifying information regarding immediate family members, other relatives, godparents or friends who may be

residing in the United States and may be able to assist in family reunification.

4. Educational services appropriate to the minor's level of development, and communication skills in a structured classroom setting, Monday through Friday, which concentrates primarily on the development of basic academic competencies and secondarily on English Language Training (ELT). The educational program shall include instruction and educational and other reading materials in such languages as needed. Basic academic areas should include Science, Social Studies, Math, Reading, Writing and Physical Education. The program shall provide minors with appropriate reading materials in languages other than English for use during the minor's leisure time.

5. Activities according to a recreation and leisure time plan which shall include daily outdoor activity, weather permitting, at least one hour per day of large muscle activity and one hour per day of structured leisure time activities (this should not include time spent watching television). Activities should be increased to a total of three hours on days when school is not in session.

6. At least one (1) individual counseling session per week conducted by trained social work staff with the specific objectives of reviewing the minor's progress, establishing new short term objectives, and addressing both the developmental and crisis-related needs of each minor.

7. Group counseling sessions at least twice a week. This is usually an informal process and takes place with all the minors present. It is a time when new minors are given the opportunity to get acquainted with the staff, other children, and the rules of the program. It is an open forum where everyone gets a chance to speak. Daily program management

is discussed and decisions are made about recreational activities, etc. It is a time for staff and minors to discuss whatever is on their minds and to resolve problems.

8. Acculturation and adaptation services which include information regarding the development of social and inter-personal skills which contribute to those abilities necessary to live independently and responsibly.

9. Upon admission, a comprehensive orientation regarding program intent, services, rules (written and verbal), expectations and the availability of legal assistance.

10. Whenever possible, access to religious services of the minor's choice.

11. Visitation and contact with family members (regardless of their immigration status) which is structured to encourage such visitation. The staff shall respect the minor's privacy while reasonably preventing the unauthorized release of the minor.

12. A reasonable right to privacy, which shall include the right to: (a) wear his or her own clothes, when available; (b) retain a private space in the residential facility, group or foster home for the storage of personal belongings; (c) talk privately on the phone, as permitted by the house rules and regulations; (d) visit privately with guests, as permitted by the house rules and regulations; and (e) receive and send uncensored mail unless there is a reasonable belief that the mail contains contraband.

13. Family reunification services designed to identify relatives in the United States as well as in foreign countries and assistance in obtaining legal guardianship when necessary for the release of the minor.

14. Legal services information regarding the availability of free legal assistance, the right to be represented by counsel at no expense to the government, the right to a deportation or

exclusion hearing before an immigration judge, the right to apply for political asylum or to request voluntary departure in lieu of deportation.

B. Service delivery is to be accomplished in a manner which is sensitive to the age, culture, native language and the complex needs of each minor.

C. Program rules and discipline standards shall be formulated with consideration for the range of ages and maturity in the program and shall be culturally sensitive to the needs of alien minors. Minors shall not be subjected to corporal punishment, humiliation, mental abuse, or punitive interference with the daily functions of living, such as eating or sleeping. Any sanctions employed shall not: (1) adversely affect either a minor's health, or physical or psychological well-being; or (2) deny minors regular meals, sufficient sleep, exercise, medical care, correspondence privileges, or legal assistance.

D. A comprehensive and realistic individual plan for the care of each minor must be developed in accordance with the minor's needs as determined by the individualized need assessment. Individual plans shall be implemented and closely coordinated through an operative case management system.

E. Programs shall develop, maintain and safeguard individual client case records. Agencies and organizations are required to develop a system of accountability which preserves the confidentiality of client information and protects the records from unauthorized use or disclosure.

F. Programs shall maintain adequate records and make regular reports as required by the INS that permit the INS to monitor and enforce this order and other requirements and standards as the INS may determine are in the best interests of the minors.

Exhibit 2

EXHIBIT 2

INSTRUCTIONS TO SERVICE OFFICERS RE:
PROCESSING, TREATMENT, AND PLACEMENT OF MINORS

These instructions are to advise Service officers of INS policy regarding the way in which minors in INS custody are processed, housed and released. These instructions are applicable nationwide and supersede all prior inconsistent instructions regarding minors.

(a) Minors. A minor is a person under the age of eighteen years. However, individuals who have been "emancipated" by a state court or convicted and incarcerated for a criminal offense as an adult are not considered minors. Such individuals must be treated as adults for all purposes, including confinement and release on bond.

Similarly, if a reasonable person would conclude that an individual is an adult despite his claims to be a minor, the INS shall treat such person as an adult for all purposes, including confinement and release on bond or recognizance. The INS may require such an individual to submit to a medical or dental examination conducted by a medical professional or to submit to other appropriate procedures to verify his or her age. If the INS subsequently determines that such an individual is a minor, he or she will be treated as a minor for all purposes.

(b) General policy. The INS treats, and will continue to treat minors with dignity, respect and special concern for their particular vulnerability. INS policy is to place each detained minor in the least restrictive setting appropriate to the minor's age and special needs, provided that such setting is consistent with the need to ensure the minor's timely appearance and to protect the minor's well-being and that of others. INS officers are not required to release a minor to any person or agency whom they have reason to believe may harm or neglect the minor or fail to present him or her before the INS or the immigration courts when requested to do so.

(c) Processing. The INS will expeditiously process minors and will provide a Form I-770 notice of rights, including the right to a bond redetermination hearing, if applicable.

Following arrest, the INS will hold minors in a facility that is safe and sanitary and that is consistent with the INS's concern for the particular vulnerability of minors. Such facilities will have access to toilets and sinks, drinking water and food as appropriate, medical assistance if the minor is in need of emergency services, adequate temperature control and ventilation, adequate supervision to protect minors from others, and contact with family members who were arrested with the minor. The INS will separate unaccompanied minors from unrelated adults whenever possible. Where such segregation is not immediately possible, an unaccompanied minor will not be detained with an unrelated adult for more than 24 hours.

If the juvenile cannot be immediately released, and no licensed program (described below) is available to care for him, he should be placed in an INS or INS-contract facility that has separate accommodations for minors, or in a State or county juvenile detention facility that separates minors in

INS custody from delinquent offenders. The INS will make every effort to ensure the safety and well-being of juveniles placed in these facilities.

(d) Release. The INS will release minors from its custody without unnecessary delay, unless detention of a juvenile is required to secure her timely appearance or to ensure the minor's safety or that of others. Minors shall be released, in the following order of preference, to:

(i) a parent;

(ii) a legal guardian;

(iii) an adult relative (brother, sister, aunt, uncle, or grandparent);

(iv) an adult individual or entity designated by the parent or legal guardian as capable and willing to care for the minor's well-being in (i) a declaration signed under penalty of perjury before an immigration or consular officer, or (ii) such other documentation that establishes to the satisfaction of the INS, in its discretion, that the individual designating the individual or entity as the minor's custodian is in fact the minor's parent or guardian;

(v) a state-licensed juvenile shelter, group home, or foster home willing to accept legal custody; or

(vi) an adult individual or entity seeking custody, in the discretion of the INS, when it appears that there is no other likely alternative to long term detention and family reunification does not appear to be a reasonable possibility.

(e) Certification of custodian. Before a minor is released, the custodian must execute an Affidavit of Support (Form I-134) and an agreement to:

(i) provide for the minor's physical, mental, and financial well-being;

(ii) ensure the minor's presence at all future proceedings before the INS and the immigration court;

(iii) notify the INS of any change of address within five (5) days following a move;

(iv) if the custodian is not a parent or legal guardian, not transfer custody of the minor to another party without the prior written permission of the District Director, except in the event of an emergency;

(v) notify the INS at least five days prior to the custodian's departing the United States of such departure, whether the departure is voluntary or pursuant to a grant of voluntary departure or order of deportation; and

(vi) if dependency proceedings involving the minor are initiated, notify the INS of the initiation of a such proceedings and the dependency court of any deportation proceedings pending against the minor.

In an emergency, a custodian may transfer temporary physical custody of a minor prior to securing permission from the INS, but must notify the INS of the transfer as soon as is practicable, and in all cases within 72 hours. Examples of an "emergency" include the serious illness of the custodian, destruction of the home, etc. In all cases where the custodian seeks written permission for a transfer, the District Director shall promptly respond to the request.

The INS may terminate the custody arrangements and assume legal custody of any minor whose custodian fails to comply with the agreement. However, custody arrangements will not be terminated for minor violations of the custodian's obligation to notify the INS of any change of address within five days following a move.

(f) Suitability assessment. An INS officer may require a positive suitability assessment prior to releasing a minor to any individual or program. A suitability assessment may include an investigation of the living conditions in which the minor is to be placed and the standard of care he would receive, verification of identity and employment of the individuals offering support, interviews of members of the household, and a home visit. The assessment will also take into consideration the wishes and concerns of the minor.

(g) Family reunification. Upon taking a minor into custody, the INS, or the licensed program in which the minor is placed, will promptly attempt to reunite the minor with his or her family to permit the release of the minor under Paragraph (d) above. Such efforts at family reunification will continue as long as the minor is in INS or licensed program custody and will be recorded by the INS or the licensed program in which the minor is placed.

(h) Placement in licensed programs. A "licensed program" is any program, agency or organization licensed by an appropriate state agency to provide residential, group, or foster care services for dependent children, including a program operating group homes, foster homes, or facilities for special needs minors. Exhibit 1 of the *Flores v. Reno* Settlement Agreement describes the standards required of licensed programs. Juveniles who remain in INS custody must be placed in a licensed program within three days if the minor was apprehended in an INS district in which a licensed program is located and has space available, or within five days in all other cases, except when:

(i) the minor is an escape risk or delinquent, as defined in Paragraph (i) below;

(ii) a court decree or court-approved settlement requires otherwise;

(iii) an emergency or influx of minors into the United States prevents compliance, in which case all minors should be placed in licensed programs as expeditiously as possible; or

(iv) the minor must be transported from remote areas for processing or speaks an unusual

language such that a special interpreter is required to process the minor, in which case the minor must be placed in a licensed program within five business days.

(i) Secure and supervised detention. A minor may be held in or transferred to a State or county juvenile detention facility or in a secure INS facility or INS-contracted facility having separate accommodations for minors, whenever the District Director or Chief Patrol Agent determines that the minor —

(i) has been charged with, is chargeable, or has been convicted of a crime, or is the subject of delinquency proceedings, has been adjudicated delinquent, or is chargeable with a delinquent act, unless the minor's offense is

(a) an isolated offense not within a pattern of criminal activity which did not involve violence against a person or the use or carrying of a weapon (Examples: breaking and entering, vandalism, DUI, etc.); or

(b) a petty offense, which is not considered grounds for stricter means of detention in any case (Examples: shoplifting, joy riding, disturbing the peace, etc.);

(ii) has committed, or has made credible threats to commit, a violent or malicious act (whether directed at himself or others) while in INS legal custody or while in the presence of an INS officer;

(iii) has engaged, while in a licensed program, in conduct that has proven to be unacceptably disruptive of the normal functioning of the licensed program in which he or she has been placed and removal is necessary to ensure the welfare of the minor or others, as determined by the staff of the licensed program (Examples: drug or alcohol abuse, stealing, fighting, intimidation of others, etc.);

(iv) is an escape-risk; or

(v) must be held in a secure facility for his or her own safety, such as when the INS has reason to believe that a smuggler would abduct or coerce a particular minor to secure payment of smuggling fees.

"Chargeable" means that the INS has probable cause to believe that the individual has committed a specified offense.

The term "escape-risk" means that there is a serious risk that the minor will attempt to escape from custody. Factors to consider when determining whether a minor is an escape-risk or not include, but are not limited to, whether:

(a) the minor is currently under a final order of deportation or exclusion;

(b) the minor's immigration history includes: a prior breach of a bond; a failure to appear before the INS or the immigration court; evidence that the minor is indebted to organized smugglers for his transport; or a voluntary departure or a previous removal from the United States pursuant to a final order of deportation or exclusion;

(c) the minor has previously absconded or attempted to abscond from INS custody.

The INS will not place a minor in a State or county juvenile detention facility, secure INS detention facility, or secure INS-contracted facility if less restrictive alternatives are available and appropriate in the circumstances, such as transfer to a medium security facility that provides intensive staff supervision and counseling services or transfer to another licensed program. All determinations to place a minor in a secure facility will be reviewed and approved by the regional Juvenile Coordinator.

(j) Notice of right to bond redetermination and judicial review of placement. A minor in deportation proceedings shall be afforded a bond redetermination hearing before an immigration judge in every case, unless the minor indicates on the Notice of Custody Determination form that he or she refuses such a hearing. A juvenile who is not released or placed in a licensed placement shall be provided (1) a written explanation of the right of judicial review as set out in Exhibit 6 of the *Flores v. Reno* Settlement Agreement, and (2) the list of free legal services providers compiled pursuant to INS regulations (unless previously given to the minor.

(k) Transportation and transfer. Unaccompanied minors should not be transported in vehicles with detained adults except when being transported from the place of arrest or apprehension to an INS office or where separate transportation would be otherwise impractical, in which case minors shall be separated from adults. INS officers shall take all necessary precautions for the protection of minors during transportation with adults.

When a minor is to be released, the INS will assist him or her in making transportation arrangements to the INS office nearest the location of the person or facility to whom a minor is to be released. The INS may, in its discretion, provide transportation to such minors.

Whenever a minor is transferred from one placement to another, she shall be transferred with all of her possessions and legal papers; provided, however, that if the minor's possessions exceed the amount permitted normally by the carrier in use, the possessions must be shipped to the minor in a timely manner. No minor who is represented by counsel should be transferred without advance notice to counsel, except in unusual and compelling circumstances such as where the safety of the minor or others is threatened or the minor has been determined to be an escape-risk, or where counsel has waived notice, in which cases notice must be provided to counsel within 24 hours following transfer.

(l) Periodic reporting. Statistical information on minors placed in proceedings who remain in INS custody for longer than 72 hours must be reported to the Juvenile Coordinator by all INS district offices and Border Patrol stations. Information will include: (a) biographical information, including the minor's name, date of birth, and country of birth, (b) date placed in INS custody, (c) each date placed, removed or released, (d) to whom and where placed, transferred, removed or released, (e) immigration

status, and (f) hearing dates. INS officers should also inform the Juvenile Coordinator of the reasons for placing a minor in a medium-security facility or detention facility as described in paragraph (i).

(m) Attorney-client visits by Plaintiffs' counsel. The INS will permit the lawyers for the *Flores v. Reno* plaintiff class to visit minors, even though they may not have the names of minors who are housed at a particular location. A list of Plaintiffs' counsel entitled to make attorney-client visits with minors is available from the district Juvenile Coordinator. Attorney-client visits may also be conducted by any staff attorney employed by the Center for Human Rights & Constitutional Law of Los Angeles, California, or the National Center for Youth Law of San Francisco, California, provided that such attorney presents credentials establishing his or her employment prior to any visit.

Visits must occur in accordance with generally applicable policies and procedures relating to attorney-client visits at the facility in question. Upon Plaintiffs' counsel's arrival at a facility for attorney-client visits, the facility staff must provide Plaintiffs' counsel with a list of names and alien registration numbers for the minors housed at that facility. In all instances, in order to memorialize any visit to a minor by Plaintiffs' counsel, Plaintiffs' counsel must file a notice of appearance with the INS prior to any attorney-client meeting. Plaintiffs' counsel may limit the notice of appearance to representation of the minor in connection with his placement or treatment during INS custody. Plaintiffs' counsel must submit a copy of the notice of appearance by hand or by mail to the local INS juvenile coordinator and a copy by hand to the staff of the facility.

A minor may refuse to meet with Plaintiffs' counsel. Further, the minor's parent or legal guardian may deny Plaintiffs' counsel permission to meet with the minor.

(n) Visits to licensed facilities. In addition to the attorney-client visits, Plaintiffs' counsel may request access to a licensed program's facility (described in paragraph (h)) or to a medium-security facility or detention facility (described in paragraph (i)) in which a minor has been placed. The district juvenile coordinator will convey the request to the facility's staff and coordinate the visit. The rules and procedures to be followed in connection with such visits are set out in Exhibit 4 of the *Flores v. Reno* Settlement Agreement, unless Plaintiffs' counsel and the facility's staff agree otherwise. In all visits to any facility, Plaintiffs' counsel and their associated experts must treat minors and staff with courtesy and dignity and must not disrupt the normal functioning of the facility.

Exhibit 3

EXHIBIT 3

CONTINGENCY PLAN

In the event of an emergency or influx that prevents the prompt placement of minors in licensed programs with which the Community Relations Service has contracted, INS policy is to make all reasonable efforts to place minors in programs licensed by an appropriate state agency as expeditiously as possible. An "emergency" is an act or event, such as a natural disaster (e.g. earthquake, fire, hurricane), facility fire, civil disturbance, or medical emergency (e.g. a chicken pox epidemic among a group of minors) that prevents the prompt placement of minors in licensed facilities. An "influx" is defined as any situation in which there are more than 130 minors in the custody of the INS who are eligible for placement in licensed programs.

1. The Juvenile Coordinator will establish and maintain an Emergency Placement List of at least 80 beds at programs licensed by an appropriate state agency that are potentially available to accept emergency placements. These 80 placements would supplement the 130 placements that the INS normally has available, and whenever possible, would meet all standards applicable to juvenile placements the INS normally uses. The Juvenile Coordinator may consult with child welfare specialists, group home operators, and others in developing the List. The Emergency Placement List will include the facility name; the number of beds potentially available at the facility; the name and telephone number of contact persons; the name and telephone number of contact persons for nights, holidays, and weekends if different; any restrictions on minors accepted (e.g. age); and any special services that are available.

2. The Juvenile Coordinator will maintain a list of minors affected by the emergency or influx, including (1) the minor's name, (2) date and country of birth, (3) date placed in INS custody, and (4)

place and date of current placement.

3. Within one business day of the emergency or influx the Juvenile Coordinator or his or her designee will contact the programs on the Emergency Placement List to determine available placements. As soon as available placements are identified, the Juvenile Coordinator will advise appropriate INS staff of their availability. To the extent practicable, the INS will attempt to locate emergency placements in geographic areas where culturally and linguistically appropriate community services are available.

4. In the event that the number of minors needing emergency placement exceeds the available appropriate placements on the Emergency Placement List, the Juvenile Coordinator will work with the Community Relations Service to locate additional placements through licensed programs, county social services departments, and foster family agencies.

5. Each year the INS will reevaluate the number of regular placements needed for detained minors to determine whether the number of regular placements should be adjusted to accommodate an increased or decreased number of minors eligible for placement in licensed programs. However, any decision to increase the number of placements available shall be subject to the availability of INS resources. The Juvenile Coordinator shall promptly provide Plaintiffs' counsel with any reevaluation made by INS pursuant to this paragraph.

6. The Juvenile Coordinator shall provide to Plaintiffs' counsel copies of the Emergency Placement List within six months after the court's final approval of the Settlement Agreement.

Exhibit 4

EXHIBIT 4

AGREEMENT CONCERNING FACILITY VISITS UNDER PARAGRAPH 33

The purpose of facility visits under paragraph 33 is to interview class members and staff and to observe conditions at the facility. Visits under paragraph 33 shall be conducted in accordance with the generally applicable policies and procedures of the facility to the extent that those policies and procedures are consistent with this Exhibit.

Visits authorized under paragraph 33 shall be scheduled no less than seven (7) business days in advance. The names, positions, credentials, and professional association (e.g., Center for Human Rights and Constitutional Law) of the visitors will be provided at that time.

All visits with class members shall take place during normal business hours.

No video recording equipment or cameras of any type shall be permitted. Audio recording equipment shall be limited to hand-held tape recorders.

The number of visitors will not exceed six (6) or, in the case of a family foster home, four (4), including interpreters, in any instance. Up to two (2) of the visitors may be non-attorney experts in juvenile justice and/or child welfare.

No visit will extend beyond three (3) hours per day in length. Visits shall minimize disruption to the routine that minors and staff follow.

Exhibit 5

EXHIBIT 5

LIST OF ORGANIZATIONS TO RECEIVE INFORMATION RE: SETTLEMENT AGREEMENT

Eric Cohen, Immig. Legal Resource Center, 1663 Mission St. Suite 602, San Francisco, CA 94103

Cecilia Munoz, Nat'l Council Of La Raza, 810 1st St. NE Suite 300, Washington, D.C. 20002

Susan Alva, Immig. & Citiz. Proj Director, Coalition For Humane Immig Rights of LA, 1521 Wilshire Blvd., Los Angeles, CA 90017

Angela Cornell, Albuquerque Border Cities Proj., Box 35895, Albuquerque, NM 87176-5895

Beth Persky, Executive Director, Centro De Asuntos Migratorios, 1446 Front Street, Suite 305, San Diego, CA 92101

Dan, Kesselbrenner, , National Lawyers Guild, National Immigration Project, 14 Beacon St.,#503, Boston, MA 02108

Lynn Marcus , SWRRP, 64 E. Broadway, Tucson, AZ 85701-1720

Maria Jimenez, , American Friends Service Cmte., ILEMP, 3522 Polk Street, Houston, TX 77003-4844

Wendy Young, , U.S. Cath. Conf., 3211 4th St. NE, , Washington, DC, 20017-1194

Miriam Hayward , International Institute Of The East Bay, 297 Lee Street , Oakland, CA 94610

Emily Goldfarb, , Coalition For Immigrant & Refugee Rights, 995 Market Street, Suite 1108 , San Francisco, CA 94103

Jose De La Paz, Director, California Immigrant Workers Association, 515 S. Shatto Place , Los Angeles, CA, 90020

Annie Wilson, LIRS, 390 Park Avenue South, First Asylum Concerns, New York, NY 10016

Stewart Kwoh, Asian Pacific American Legal Center, 1010 S. Flower St., Suite 302, Los Angeles, CA 90015

Warren Leiden, Executive Director, AILA, 1400 Eye St., N.W., Ste. 1200, Washington, DC, 20005

Frank Sharry, Nat'l Immig Ref & Citiz Forum, 220 I Street N.E., Ste. 220, Washington, D.C. 20002

Reynaldo Guerrero, Executive Director, Center For Immigrant's Rights, 48 St. Marks Place , New York, NY 10003

Charles Wheeler , National Immigration Law Center, 1102 S. Crenshaw Blvd., Suite 101 , Los Angeles, CA 90019

Deborah A. Sanders, Asylum & Ref. Rts Law Project, Washington Lawyers Comm., 1300 19th Street, N.W., Suite 500 , Washington, D.C. 20036

Stanley Mark, Asian American Legal Def.& Ed.Fund, 99 Hudson St, 12th Floor, New York, NY 10013

Sid Mohn, Executive Director, Travelers & Immigrants Aid, 327 S. LaSalle Street, Suite 1500, Chicago, IL, 60604

Bruce Goldstein, Attornet At Law, Farmworker Justice Fund, Inc., 2001 S Street, N.W., Suite 210, Washington, DC 20009

Ninfa Krueger, Director, BARCA, 1701 N. 8th Street, Suite B-28, McAllen, TX 78501

John Goldstein, , Proyecto San Pablo, PO Box 4596,, Yuma, AZ 85364

Valerie Hink, Attorney At Law, Tucson Ecumenical Legal Assistance, P.O. Box 3007 , Tucson, AZ 85702

Pamela Mohr, Executive Director, Alliance For Children's Rights, 3708 Wilshire Blvd. Suite 720, Los Angeles, CA 90010

Pamela Day, Child Welfare League Of America, 440 1st St. N.W., , Washington, DC 20001

Susan Lydon, Esq., Immigrant Legal Resource Center, 1663 Mission St. Ste 602, San Francisco, CA 94103

Patrick Maher, Juvenile Project, Centro De Asuntos Migratorios, 1446 Front Street, # 305, San Diego, CA 92101

Lorena Munoz, Staff Attorney, Legal Aid Foundation of LA-IRO, 1102 Crenshaw Blvd., Los Angeles, CA 90019

Christina Zawisza, Staff Attorney, Legal Services of Greater Miami, 225 N.E. 34th Street, Suite 300, Miami, FL 33137

Miriam Wright Edelman, Executive Director, Children's Defense Fund, 122 C Street N.W. 4th Floor, Washington, DC 20001

Rogelio Nunez, Executive Director, Proyecto Libertad, 113 N. First St., Harlingen, TX 78550

Exhibit 6

EXHIBIT 6
NOTICE OF RIGHT TO JUDICIAL REVIEW

"The INS usually houses persons under the age of 18 in an open setting, such as a foster or group home, and not in detention facilities. If you believe that you have not been properly placed or that you have been treated improperly, you may ask a federal judge to review your case. You may call a lawyer to help you do this. If you cannot afford a lawyer, you may call one from the list of free legal services given to you with this form."

PROOF OF SERVICE BY MAIL

I, Sonia Fuentes, declare and say as follows:

1. I am over the age of eighteen years and am not a party to this action. I am employed in the County of Los Angeles, State of California. My business address is 256 South Occidental Boulevard, Los Angeles, California 90057, in said county and state.

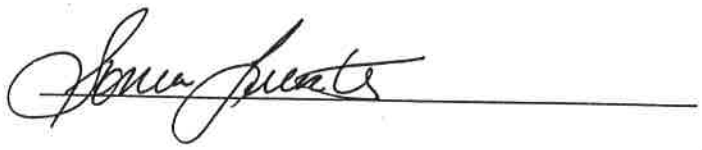
2. On January ___, 1997, I served the attached STIPULATED SETTLEMENT AGREEMENT on defendants in this proceeding by placing a true copy thereof in a sealed envelope addressed to their attorneys of record as follows:

Mr. Michael Johnson
Assistant U.S. Attorney
300 N. Los Angeles St. #7516
Los Angeles, CA 90012

and by then sealing said envelope and depositing the same, with postage thereon fully prepaid, in the mail at Los Angeles, California; that there is regular delivery of mail between the place of mailing and the place so addressed.

I declare under penalty of perjury that the foregoing is true and correct.

Executed this ___th day of January, 1997, at Los Angeles, California.



/ / /

CENTER FOR HUMAN RIGHTS & CONSTITUTIONAL LAW
Carlos Holguín
Peter A. Schey
Charles Song
256 South Occidental Boulevard
Los Angeles, CA 90057
Telephone: (213) 388-8693; Fax: (213) 386-9484

LATHAM & WATKINS
Steven Schulman
555 Eleventh St., NW, Suite 1000
Washington, DC 20004
Telephone: (202) 637-2184

Of counsel:

YOUTH LAW CENTER
Alice Bussiere
417 Montgomery Street, Suite 900
San Francisco, CA 94104
Telephone: (415) 543-3379 x 3903

Attorneys for plaintiffs

UNITED STATES DISTRICT COURT

CENTRAL DISTRICT OF CALIFORNIA

JENNY LISETTE FLORES, et al., Plaintiffs, -vs- JANET RENO, Attorney General of the United States, et al. Defendants	Case No. CV 85-4544-RJK(Px) STIPULATION EXTENDING SETTLEMENT AGREEMENT AND FOR OTHER PURPOSES; AND ORDER THEREON

///

IT IS HEREBY STIPULATED by and between the parties as follows:

1. Paragraph 40 of the Stipulation filed herein on January 17, 1997, is modified to read as follows:

"All terms of this Agreement shall terminate ~~the earlier of five years after the date of final court approval of this Agreement or three years after the court determines that the INS is in substantial compliance with this Agreement,~~ *45 days following defendants' publication of final regulations implementing this Agreement*

~~except that~~ *Notwithstanding the foregoing,* the INS shall continue to house the general population of minors in INS custody in facilities that are state-licensed for the care of dependent minors."

/ / /

2 For a period of six months from the date this Stipulation is filed, plaintiffs shall not initiate legal proceedings to compel publication of final regulations implementing this Agreement Plaintiffs agree to work with defendants cooperatively toward resolving disputes regarding compliance with the Settlement. The parties agree to confer regularly no less frequently than once monthly for the purpose of discussing the implementation of and compliance with the settlement agreement However, nothing herein shall require plaintiffs to forebear legal action to compel compliance with this Agreement where plaintiff class members are suffering irreparable injury

Dated: December 7, 2001.

CENTER FOR HUMAN RIGHTS & CONSTITUTIONAL LAW
Carlos Holguín
Peter A Schey

LATHAM & WATKINS
Steven Schulman

YOUTH LAW CENTER
Alice Bussière

Carlos Holguín, *for plaintiffs*

Dated: December 7, 2001

Arthur Strathern
Office of the General Counsel
U S Immigration & Naturalization Service

Arthur Strathern, *for defendants*
Per fax authorization

IT IS SO ORDERED

Dated: December ____ 2001

UNITED STATES DISTRICT JUDGE

2. For a period of six months from the date this Stipulation is filed, plaintiffs shall not initiate legal proceedings to compel publication of final regulations implementing this Agreement. Plaintiffs agree to work with defendants cooperatively toward resolving disputes regarding compliance with the Settlement. The parties agree to confer regularly no less frequently than once monthly for the purpose of discussing the implementation of and compliance with the settlement agreement. However, nothing herein shall require plaintiffs to forebear legal action to compel compliance with this Agreement where plaintiff class members are suffering irreparable injury.

Dated: December 7, 2001.

CENTER FOR HUMAN RIGHTS & CONSTITUTIONAL LAW
Carlos Holguín
Peter A. Schey

LATHAM & WATKINS
Steven Schulman

YOUTH LAW CENTER
Alice Bussiere

Carlos Holguín, *for plaintiffs*

Dated: December 7, 2001.

Arthur Strathern
Office of the General Counsel
U.S. Immigration & Naturalization Service

Arthur Strathern, *for defendants*
Per fax authorization

IT IS SO ORDERED

Dated: December 7, 2001.

UNITED STATES DISTRICT JUDGE

PROOF OF SERVICE BY MAIL

I, Carlos Holguin, declare and say as follows:

1 I am over the age of eighteen years and am not a party to this action. I am employed in the County of Los Angeles, State of California. My business address is 256 South Occidental Boulevard, Los Angeles, California 90057, in said county and state

2 On December 7, 2001, I served the attached STIPULATION on defendants in this proceeding by placing a true copy thereof in a sealed envelope addressed to their attorneys of record as follows:

Arthur Strathern
Office of the General Counsel
U.S. Immigration & Naturalization Service
425 I St. N.W.
Washington, DC 20536

and by then sealing said envelope and depositing the same, with postage thereon fully prepaid, in the mail at Los Angeles, California; that there is regular delivery of mail between the place of mailing and the place so addressed.

I declare under penalty of perjury that the foregoing is true and correct

Executed this 7th day of December, 2001, at Los Angeles, California

/ / /

UNITED STATES DISTRICT COURT
FOR THE WESTERN DISTRICT OF TEXAS
SAN ANTONIO DIVISION

R.M.H. et al.,	**Case No.**
Plaintiffs-Petitioners,	**DECLARATION OF DR. RACHEL VANDERMEER IN SUPPORT OF PLAINTIFFS-PETITIONERS' PETITION FOR A WRIT OF HABEAS CORPUS AND COMPLAINT FOR DECLARATORY AND INJUNCTIVE RELIEF AND IN SUPPORT OF PLAINTIFFS-PETITIONERS' EMERGENCY MOTION FOR A TEMPORARY RESTRAINING ORDER**
vs.	
SCOTT LLOYD et al.,	
Defendants-Respondents.	

DECLARATION OF DR. RACHEL VANDERMEER

I, Dr. Rachel Vandermeer, declare and state the following:

1. My name is Rachel Vandermeer. I am a practicing pediatric palliative physician at UT Health San Antonio.

2. I received my medical degree from University of Texas Medical Branch in 2012 and completed my residency in general pediatrics at The University of Texas at Austin Dell Medical School in Austin, Texas in 2015. I then completed a hospice and palliative medicine fellowship at University of Texas Health Science Center at San Antonio. A full C.V. is attached to this declaration.

3. My area of expertise includes pediatric palliative care and the primary care of children with medical fragility. I work both as an inpatient pediatric palliative physician on a pediatric palliative consult service and as a primary care physician for children with life limiting illness in a pediatric comprehensive care clinic. Most of my patients have underlying neurological injury and associated moderate-severe or severe neurological impairment with moderate to severe, severe or profound intellectual disability. Cerebral palsy is a very common diagnosis of the children cared for in the comprehensive care clinic.

4. I submit this declaration outlining the specialty care a child with cerebral palsy requires both on a daily basis and following a surgical intervention. I describe the role of family

in coordinating the necessary treatment and medical care of this disability, and the harms associated with family separation and detention of a child with cerebral palsy.

5. Cerebral palsy (CP) is a broad term that describes impaired motor function secondary to remote neurological injury; it is often associated with intellectual deficiency. While CP, neurological impairment and intellectual deficiency can range from mild to severe, below are the medical issues common to a child diagnosed with CP, arranged by organ system.

Neurological Medical Issues Associated With CP

6. Children with CP often have associated epilepsy which can range from a couple seizures a year to many (sometimes a dozen or more) seizures a day. It is crucial that any child with seizures be cared for by an individual familiar with the frequency and presentation of her seizures. Seizures in children with CP may be subtle and easily missed by someone who is not familiar with the child's care and uncontrolled seizures can put the child at risk for acute neurological and respiratory decompensation.

7. Spasticity is another common problem in children with CP, especially as the child enters the second decade. Without proper care and steadfast attention, untreated spasticity can lead to pain and skin breakdown, even ulcers.

8. Children who have CP are most often unable to readily communicate pain verbally and providers must be intimately acquainted with a child's pain cues, which are unique to each child. In the post op period, one of my biggest concerns for a neurologically impaired child is pain control. Even in a hospital setting, medical providers heavily rely on the parent to assess the child's pain. When a parent is unavailable pain can be either over or undertreated which is equally harmful. Untreated pain can lead to acutely worsening spasticity, agitation and seizures.

Respiratory Medical Issues Associated with CP

9. Most children with CP have underlying chronic lung disease secondary to ongoing micro-aspiration and thoracic insufficiency (the result of scoliosis and other musculoskeletal changes).

10. Further, these children are at high risk of acute respiratory decompensation related to viral and bacterial illness. Children should be kept away from crowded public places (such as a general detention facility) and be closely monitored for any signs of viral symptoms. It is common for children with CP to have respiratory "sick plans" that must be initiated as soon as the child becomes ill to keep the child from developing serious pulmonary disease such as pneumonia and respiratory failure. These "sick plans" help compensate for the child's weak cough and generally lower immune status.

Gastrointestinal Medical Issues Associated With CP

11. Children with neurological impairment often have chronic gastrointestinal issues such as constipation and dysmotility. The gut does not undergo normal peristalsis and transit through the intestinal system is abnormal which can lead to frequent feeding intolerance with abdominal pain and/or constipation. If bowel habits are not monitored closely, a child can become severely constipated requiring hospitalization. Frequent adjustments of food intake, acid medication and the bowel regimen is needed and requires an individual familiar with the child's normal routines and habits to know when intervention is necessary.

12. Oral food intake must be monitored closely as children with CP often are at high risk of gagging and choking on food, which can lead to aspiration pneumonia. Food intake can be slow and volume must be adjusted if the child shows signs of difficulty swallowing or gagging. These cues are child specific and can be very subtle.

13. Also, children with CP often have difficulty with nutrition related to chronic illness and nutrition must be closely monitored by a caretaker to ensure neither overfeeding or underfeeding. Poor nutrition will affect neurological, respiratory and bone health.

14. Any child with neurological impairment is at high risk for worsened feeding related issues in the post op period. This can range from mild feeding intolerance (abdominal distention and gagging) to severe feeding intolerance (unable to tolerate almost any food/liquid in the gut). Close monitoring is imperative in the post op period.

Musculoskeletal Issues Associated With CP

15. Children with CP are at high risk for contractures (abnormal tightening of joints) related to chronic spasticity. Contractures are not only painful but also place the child at increased risk for fracture if not handled carefully by someone accustomed to her daily care. Poor bone health related to chronic illness also increases the risk of pathological fractures. Contractures and spasticity can make the child's body difficult to clean and many require special medical equipment to aid in bath time. Poor hygiene can lead to skin breakdown and poor wound healing.

General Impact of Separation from Caretaker

16. Any child separated from her parent will experience distress. A child with neurological impairment will have less ability to cope with such an event and separation can lead to depression and negatively impact the child's overall health. Given the limited health reserve of most children with CP, parental loss or separation can have grave impact on the child's overall prognosis and health trajectory with resultant acute decline which would have otherwise been potentially delayed.

17. **A child with neurological impairment should NOT be separated from her caretaker.** As outlined above, each child with CP is unique and requires the meticulous attention of

a familiar caretaker even for the most basic activities of daily living including eating and bathing. Housing a child with CP in a detention center places the child at very high risk of infection and acute decompensation, even death. Removing this child's access to regular specialist such as neurology (manages seizure medications, spasticity), pulmonology (manages lung health), gastroenterology (manages feeding, weight and constipation) can lead to severe adverse events with shortened life expectancy.

Dated: 10/30/17
San Antonio, Texas

Dr. Rachel Vandermeer

C.V. & BIOGRAPHICAL SKETCH

NAME: Rachel Jean Vandermeer, MD	POSITION TITLE Assistant Professor of Pediatrics Pediatric Palliative Medicine

EDUCATION/TRAINING

INSTITUTION AND LOCATION	DEGREE *(if applicable)*	MM/YY	FIELD OF STUDY
Saint Edward's University Austin Texas	B.S. *summa cum laude*	05/2007	Biochemistry
University of Texas Medical Branch Galveston Texas	MD *cum laude*	06/2012	Medicine
The University of Texas at Austin Dell Medical School Austin Texas		06/2015	Pediatric Residency
The University of Texas Health Science Center at San Antonio San Antonio Texas		06/2016	Hospice and Palliative Medicine Fellowship, Pediatric Track

A. Personal Statement

One hundred years ago children died—frequently. Today we live in a society where childhood death is so uncommon that pediatricians most often do not even know how to enter a dying child's room let alone broach such a conversation with the family. My parents are pastors. I spent my entire childhood and adolescence in the rooms of the dying, the broken, and the abandoned. My parents could rarely fix the problem, but simply through presence and a few words of encouragement and validation, my parents did bring healing. As an intern on the wards, I quickly learned that what my parents taught me was possibly more important that what I learned in medical school. When my fellow residents and my attendings backed out of a baby's room, I sat down and simply listened to the crying mother. Four years later, I completed both a pediatric residency and a fellowship in hospice and palliative medicine; I am now a pediatrician and a healer. Palliative medicine is the opportunity to return to the sacred art of medicine—to enter the intimacy of the private home and fulfill our roles as witness.

My main clinical interest is the primary care of children with medical complexity, especially children with neurologic impairment. I am currently an inpatient palliative physician but also spend time providing primary care at a complex care clinic. The integration of palliative and primary care allows providers to guide families on sometimes long and arduous, but always beautiful journeys. My research focuses on the moral function of physicians in society and the doctor role as it relates to the physician understanding of self. At this time, I am engaged in qualitative research analyzing recurrent themes found in brief physician narratives that have been collected via survey. The goal of the project is to assess how physicians describe "being a doctor" and if that description is moral in nature. I also participate in both adult and pediatric hospice and palliative medicine fellow education and I am involved in pediatric palliative curriculum development.

B. Positions and Honors

Positions:

07/2016-present Assistant Professor of Pediatrics

Honors:

Saint Edward's University

2003-2007 Honors Program Student
2004 Saint Edward's University First Year Chemistry Award
2007 Honors Thesis Award
2007 Biochemistry Student of the Year

University of Texas Medical Branch

2011-2012 Honors Research Program Student
Graduated from program April 2012, *summa cum laude*
May 2012 Basic Sciences or Humanities Selectives Essay Award
Bestowed by the Osler Scholars of the John P. McGovern Academy of Oslerian Medicine

The University of Texas at Austin Dell Medical School

Aug 2012 Resident of the Month
April 2013 Resident of the Month
June 2015 Karen Teel Award of Excellence

C. **Academic Contributions:**

Research

Saint Edward's University

2005-2007 **The Origin Determination of Central Texas Chardonnay Wines with Gas Chromatograph-Mass Spectrometry**
Preceptor: Dr. Henry Altmiller
Funding: Welch Research Scholarship
Description: The purpose of this project was to both qualify and quantify the changes in chemical composition of a range of wines from one or two regions in Texas using a simplified extraction method and gas chromatograph-mass spectrometry. Although this research did not identify a dependable lab extraction protocol, the research does suggest that 2-phenyl-ethanol might be an origin indicator molecule.
Poster Presentation: American Chemical Society National Conference in Chicago Illinois, March 2007.

Fall 2006 **Ha Elegiyah: Remembering the Holocaust with Yitzhak Katzenelson**
Preceptor: Dr. Kelley Coblentz-Bautch
Description: Exploration of writer Yitzhak Katzenelson's last and paramount work, *The Song of the Murdered Jewish People,* in the context of his life's achievements as a Hebraist and poet.
Oral Presentation: Saint Edward's University Honors Thesis Symposium, December 2006.

Spring 2007 **Chiam N. Bialik: The Modern Jewish Mythmaker**
Preceptor: Dr. Kelley Coblentz-Bautch
Description: Declared the national poet of the Jewish people, Chaim N. Bialik (1873-1934) was a Hebraist who rejuvenated the culture of Judaism and considerably spurred the Jewish lingual transition to Modern Hebrew. This essay specifically considers Bialik's interpretation of the significance and role of Jewish myths in Judaism by focusing on his own analysis and use of Jewish myths.
Poster Presentation: Saint Edward's University Symposium on Undergraduate Research and Creative Expression, April 2007.

University of Texas Medical Branch

2011-2012 **First, Do No Harm: the Jewish Physician during the Holocaust**
Preceptor: Dr. Howard Brody
Description: A discussion highlighting the experiences of doctors interned at Auschwitz and how an understanding of their role as "physician" in the death camps better elucidates the physician identity.

University of Texas Health Science Center at San Antonio

2015-2016 **Outpatient Pediatric Palliative Medicine: Complex Lives, Comprehensive Services**
Advisors: Drs. Glen Medellin, Jennifer Healy, Sandra Sanchez-Reilly
Description: A demographic study that outlines the complexity, as well as technology dependence, of patients enrolled in an outpatient pediatric palliative care clinic.
Poster Presentation: Center to Advance Palliative Care National Seminar 2015 in San Antonio Texas, November 2015
Oral Presentation: 2016 American Academy of Hospice and Palliative Medicine and Hospice and Palliative Nurses Association Annual Assembly in Chicago Illinois, March 2016

2016-Current **A Doctor Is…Qualitative Analysis of Physician Narrative on "Being a Doctor."**
Description: Various oaths and medical codes exist and over the last half century there has been an increased focus on medical oath taking in terms of medical education. This study attempts to compare practicing physicians' self-description with more formally articulated oaths currently in place. Physicians at various levels of training and years of practice are asked to complete a brief online survey regarding self-identity. The responses will be analyzed in bulk to identify core and recurrent themes related to physician professionalism and identity.

2017-Current **Applying the Respiratory Distress Observation Scale to Pediatrics**
Description: Currently no dyspnea scale exists for pediatric patients and adult dyspnea scales cannot be easily adapted to preverbal or nonverbal children. The Respiratory Distress Observation Scale (RDOS) has been validated in non-communicative adults. This is a prospective chart review aimed at validating a modified RDOS in pediatric patients to better assess and treat end of life symptoms.

Quality Improvement

The University of Texas at Austin Dell Medical School

2013 **Tracheostomy Shared Decision Making Module Development**
Role: Team Member
The overall goal of this project was to implement a tracheostomy shared decision making tool at Dell Children's Medical Center. As a part of background data collection, my main role was obtaining family narratives regarding tracheostomy procedure experiences, pre- and post-tracheostomy.

2013- 2015 **Spiritual Care Improvement Project**
Role: Team Leader
A resident run project to facilitate value-centered discussions between physician and patient and to encourage resident physicians to play a larger role in spiritual support.

University of Texas Health Science Center at San Antonio

2015-2016 Self Care Education Impact on Pediatric Resident Burnout
Role: Team Member
A fellow project to assess resident burnout with a burnout assessment scale both before and after self-care education and intervention.

2017-Current Child Life Involvement in Adult Palliative Care Consultation Service
Role: Team Leader
A project aimed at improving adult palliative patient's child family members access to developmentally appropriate anticipatory guidance regarding death and dying as well as bereavement support.

Presentations

Jan 2016 Management of the Dying Child
UTHSCSA Pediatric Grand Rounds

Feb 2016 Outpatient Pediatric Palliative Medicine: Complex Lives, Comprehensive Services
American Academy of Hospice and Palliative Medicine Annual Assembly 2016

May 2016 Inpatient Pediatric Palliative Care
University Hospital Primary Palliative Care Education Series

July 2016 Better Palliative Care is Good Primary Care: The Palliative Care Medical Home
Pedi Hope 2016

Oct 2016 Surrogate Decision Making
UTHSCSA Geriatric Grand Rounds

Nov 2016 Making Critical and Emergency Medical Decisions for Children in Foster Care
-Panel member
2016 Child Welfare Judges Conference

Jan 2017 Hello, Goodbye and I love You: Perinatal Palliative Care
UTHSCSA Geriatric Grand Rounds

July 2017 Border Medicine in our Hospitals: Providing Palliative and Complex Care for the Undocumented Patient Population
Pedi Hope 2017

Aug 2017 Surrogate Decision Making
San Antonio Geriatric and Palliative Education Symposium 2017

Oct 2017 Caring For Immigrant Children: Opportunities and Challenges
Texas Pediatric Society

Oct 2017 The Shared Patient, Family and Physician Journey: A Shared Decision Making Model
University Hospital Primary Palliative Care Education Series

Oct 2017 Border Medicine in our Hospitals: Providing Palliative and Complex Care for the Undocumented Patient Population
UTHSCSA Pediatric Grand Rounds

Upcoming Presentations

March 2018 When Daddy is Dying: Facilitating Family Centered Adult Goals of Care Discussions
American Academy of Hospice and Palliative Medicine Annual Assembly 2018

Other Responsibilities

Fall 2016-present	University of Texas Health and Science Center at San Antonio Medical School Admissions Committee -Interview medical school applicants on a weekly basis and review applicants with the committee

UNITED STATES DISTRICT COURT
FOR THE WESTERN DISTRICT OF TEXAS
SAN ANTONIO DIVISION

R.M.H. et al.,	**Case No.**
Plaintiffs-Petitioners,	**DECLARATION OF DR. MARSHA GRIFFIN IN SUPPORT OF PLAINTIFFS-PETITIONERS' PETITION FOR A WRIT OF HABEAS CORPUS AND COMPLAINT FOR DECLARATORY AND INJUNCTIVE RELIEF AND IN SUPPORT OF PLAINTIFFS-PETITIONERS' EMERGENCY MOTION FOR A TEMPORARY RESTRAINING ORDER**
vs.	
SCOTT LLOYD et al.,	
Defendants-Respondents.	

DECLARATION OF DR. MARSHA GRIFFIN

I, Dr. Marsha Griffin, declare and state the following:

1. My name is Marsha Griffin. I am a practicing pediatrician and the Director of the Division of Child and Family Health at the University of Texas Rio Grande Valley School of Medicine. I also serve as co-founder and Director of Community for Children, Incorporated, a nonprofit organization that addresses the needs for compassionate care of children in South Texas.

2. I received my medical degree from the University of Texas Health Science Center at San Antonio (UTHSCSA) in 2003 and completed my residency in general pediatrics at Baylor College of Medicine in Houston, Texas, and UTHSCA in 2006. Prior my medical career, I completed graduate studies in the theology of social justice at United Theological Seminary in New Brighton, Minnesota. A full C.V. is attached to this declaration.

3. My area of expertise is in general pediatrics, which includes the care and coordination of treatment for children with neurological and developmental disabilities like cerebral palsy. These children are considered "medically complex" requiring multiple sub-specialists and a general pediatrician, who knows the family and patient's support system well and the intricate history of the child, and who can assist the family in care coordination. In the past, I have made home visits to follow up with these children to lessen the disruption and complexity of transporting these often medically fragile children.

4. I submit this declaration to describe the impact of cerebral palsy on children, the role of family in coordinating the necessary treatment and medical care of this disability, and the harms associated with family separation and detention of a child with cerebral palsy.

Background Cerebral Palsy, Prognoses, and Treatment

5. Cerebral palsy refers to a group of permanent neurological disorders of movement caused by a brain injury or malformation that occurs prior, during, or soon after birth. Cerebral palsy is the most common pervasive motor deficiency among children in the United States.

6. Depending on the nature of the injury and subsequent development of the brain, a child with cerebral palsy may face a range of impairment to gross and fine motor functioning; cognitive functioning; and speech, vision, and auditory development. As a child develops, cerebral palsy may be associated with spinal and muscular growth deformities, seizure disorders, and other medical conditions related to or complicated by the underlying neurological disorder.

7. Cerebral palsy often has a substantial impact on a child's life skills at every stage of development, depending on its severity. Children with cerebral palsy miss or experience significant delays in major development milestones. For example, cerebral palsy is often diagnosed well after birth when a child demonstrates an inability to sit up on her own or crawl at the expected age range for those skills. These challenges may continue to impact the child throughout her life, affecting her mobility, ability to feed or dress herself, communication, learning, and other life skills.

8. Cerebral palsy is considered a non-progressive disorder because the underlying brain injury itself does not worsen over time. However, the impact of the brain injury—development deficiencies in motor and cognitive functioning, and related medical conditions—worsens significantly if left untreated. For example, some children with untreated cerebral palsy may face increased spasticity (contraction of the muscles) and chronic pain in their affected limbs as they grow over time. Periods of rapid growth (growth spurts) often exacerbate these problems as cerebral palsy may cause bone growth to outmatch the growth of certain muscles or tendons in the body, requiring surgical intervention. Untreated, a child with cerebral palsy will generally lose the motor functioning skills she once had and face a range of physical deformities and chronic pain that will impair her ability to overcome the underlying neurological injury.

9. Proper treatment of cerebral palsy may include, but is not limited to, consistent and specialized pediatric physical, occupational, speech, educational/cognitive, and recreational therapy.

10. Pediatric physical therapy involves development of gross motor skills, overall strength and endurance, balance and coordination, motor control and planning, pain relief, flexibility, gait mechanics and orthotics training.

11. Pediatric occupational therapy involves development of fine motor skills, sensory integration, cognitive endurance, hand function, visual-spatial awareness, hand-eye coordination, and development of life skills.

12. Pediatric speech therapy involves the promotion of expressive and receptive speech, which may be hampered in children with cerebral palsy by injuries to the speech centers of the brain and/or by the resulting physical oral weakness that may result over time due to the injury.

13. Educational/cognitive therapy involves specialized therapy to develop a child's cognitive skills, including a child's learning needs as well as general sequencing abilities, analysis, and executive planning functions. Not every child with cerebral palsy will also have a resulting cognitive disability, but those who do require educational/cognitive therapy to help with intellectual development.

14. Recreational therapy (play therapy) often incorporates many of these skills in play, including the inclusion of targeted games and interactive activities at home or at the playground or gym. Because therapy for cerebral palsy should begin as soon as cerebral palsy is suspected, and continued throughout the child's grown and development, recreational therapy is particularly important for young children who are unable to tolerate other forms of therapy.

15. In addition to therapy, many children with cerebral palsy also require assistive devices, such as orthotics and other braces. These assistive devices are often necessary not only to improve mobility but to prevent deformities that arise following growth spurts in childhood.

16. As noted above, medications (particularly for the treatment of spasticity or related ailments such as seizure disorders) and surgical procedures may also be required to correct misalignments and muscular problems as a child with cerebral palsy develops. Lack of regular therapy will increase the need for these interventions. Development pediatricians, pediatric physiatrists, pediatric neurologists, and pediatric surgeons all play a role in monitoring development of children with cerebral palsy and determining when and what interventions are necessary.

17. Under the Individuals with Disabilities Education Act (IDEA), children with cerebral palsy are generally provided with educational accommodations, special education, and/or related services (which can include physical, occupational, and speech therapy) when they enter an educational setting. These services are critical to ensuring that children with cerebral palsy receive an appropriate education. These services are often school-based and thus schools provides an important setting by which children receive the therapy they need to ensure age-appropriate development and milestones are reached.

Role of Family Members in the Treatment and Care of Children with Cerebral Palsy

18. Access to appropriate doctors, therapists, and teachers thus all play a critical role in the care of children with cerebral palsy. But no individual plays a greater role in the treatment of cerebral palsy than the parent or guardian of the child. Regular therapy sessions at school or in hospital sessions provide importance guidance and opportunities for skills building and learning in children, but the efficacy of these sessions depends on carry-over to daily activities and play at home. Only the parent or guardian of a child can ensure that the child continues the lessons of therapy at home.

19. Congress acknowledged this fact by ensuring the availability of "early intervention" programs for children through the IDEA, which provides parents and guardians with access and training on how to incorporate therapy into their day-to-day care and child-rearing activities. When a child is first diagnosed with development delays, early intervention programs ensure that children not only receive necessary therapeutic services, but also that the parents learn how to carry over those services in their daily caretaking activities. Parents and guardians are encouraged to involve all family members who interact with the child to adopt those skills. Siblings and cousins often play a significant role in encouraging and participating in therapeutic activities with children who have cerebral palsy.

20. Parents and guardians also play a particularly important role in helping children with cerebral palsy manage their physical environments and adapt to necessary life skills. Because children with cerebral palsy experience limitations in gross and fine motor skills affecting one or more limbs of their body, they often rely on parents to help them learn to feed and dress themselves, manage doors and bathrooms and other physical spaces, and prepare for school and after-school activities. Because a majority of children with cerebral palsy experience chronic pain, parents and guardians are also critical to helping their children with daily pain management, often through stretching, massage, and other forms of care. Parents and guardians are necessary partners to a child's ability to fulfill her goals for independence, and one-on-one attention is a critical part of this process.

21. Parents and guardians also play a critical role in managing the medical and professional therapeutic care of a child with cerebral palsy. Parents and guardians must schedule regular appointments with development specialists, therapists, evaluators, and orthotists to ensure regular and consistent care for their children. Each appointment involves follow-up care and attention that only a parent can provide.

22. Parents and guardians are also in the best position to monitor the emotional health of their children with cerebral palsy. Emotional distress, depression, and other psychological harms can have a particularly acute impact on children with cerebral palsy, impairing their ability to follow through on necessary therapeutic interventions.

23. Because of the important role that parents and guardians play in the care of children with cerebral palsy, it is unsurprising that numerous studies have demonstrated that active family involvement has a positive impact on outcomes for children with cerebral palsy.

Harms of Family Separation and Detention on Children with Cerebral Palsy

24. It is impossible to overstate the harms of separating a child with cerebral palsy from her family. Most children with cerebral palsy have a heightened fear of separation and anxiety in new situations and these can be expressed in a vast variety of behaviors, which can be misinterpreted. The children often have limited ability to express their pain and fears. A medical provider unfamiliar with her history may over prescribe or under prescribe pain medication, or may misguidedly prescribe psychotropic medications to calm a child, who is actually having severe pain. Having a supportive family, who can recognize and correctly interpret the child's behavior, can alleviate these fears and anxieties through known specific calming techniques for their child. Separating a child with post-surgical pain can intensify the anxieties and fears and could potentially lead to devastating consequences.

25. Family separation presents a significant harm to the physical wellbeing of a child with cerebral palsy. When a child with cerebral palsy loses her or primary caretaker, she loses the person who is most familiar with and who generally coordinates her medical care and therapy appointments. This is the individual who understand what types of therapy are most effective for this child, how to provide that therapy in a home setting, when the child may be experiencing chronic pain, how to soothe the child and when to bring the child to the attention of medical professions. Because cerebral palsy affects a child's everyday life functions, being forcibly deprived of one's primary caretaker with no transition plan in place can result in immediate physical harm to the child and, over time, will have a lasting adverse impact on her condition.

26. Family separation causes significant emotional hardship and stress upon both child and parent, immediately undermining the emotional wellbeing of the child and parent and causing long-term adverse impacts on the family as a whole. Emotional hardship and stress can cause negative impacts on a child's ability to manage necessary therapy and to cope with the chronic pain and limitations that come with cerebral palsy. These emotional stressors are no doubt compounded by being placed in restrictive setting without a loved one there.

27. Detention of children with cerebral palsy is also problematic because it separates the child from the two other settings—educational and medical/therapeutic—where she has individuals who are familiar with her specialized needs and are able to help ensure her proper development.

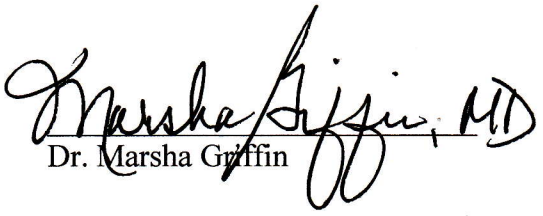
28. Schools are required by law to provide reasonable accommodations to children with disabilities along with related services to ensure a free and appropriate education. Children typically receive an individualized mandate specifying how an educational setting will provide the necessary education and therapeutic needs in the school setting. Thrusting a child with a disability into a restrictive setting managed by individuals who are unfamiliar with her specific needs places her at great risk of physical, educational,

and emotional injury—precisely the problems an individualized mandate is designed to avoid.

29. The treatment of cerebral palsy generally requires a team approach—requiring doctors who are familiar not only with the child's current stage of development but with what has and has not worked in the past to help the child manage her disability and related complications. Depriving a child with cerebral palsy of access to medical professionals who are familiar with her medical history puts her health at risk.

30. Family separation and detention following a surgical procedure on a child with a physical and cognitive disability is particularly harmful. Children who experience surgery are often in a precarious physical and emotional state, and require the care of their family members and medical team to ensure a proper recovery. Children with cerebral palsy may have to experience multiple surgeries in their lifetime, and depending on the severity of their motor and cognitive limitations, are particularly dependent on family to ensure care for wounds and the prevention of injury following a surgical intervention. Complications from surgeries may also impair a child's ability to follow through on necessary therapies she would usually have as treatment for her cerebral palsy, requiring the intervention of family and medical professions to adapt those treatments as necessary.

Dated: October 30, 2017
Brownsville, Texas



Dr. Marsha Griffin

CURRICULUM VITAE

Marsha R. Griffin, MD, FAAP
University of Texas Rio Grande Valley School of Medicine
Department of Pediatrics
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EDUCATION

M.D.	University of Texas Health Science Center at San Antonio (UTHSCSA) School of Medicine, San Antonio, TX	May 2003
	United Theological Seminary, graduate studies in Social Justice Issues New Brighton, MN	1995–1998
B.A.	University of Texas Pan American, Psychology/Biology Edinburg, TX	May 1976
	Southwestern University, Pre-Med/Biology Georgetown, TX	1969-1970
	Texas Woman's University, Communication Denton, TX	1968-1969

RESIDENCY TRAINING

Pediatric Resident	University of Texas Health Science Center at San Antonio San Antonio, TX	2005-2006
Pediatric Resident	Baylor College of Medicine Houston, TX	2004-2005
Pediatric Internship	Baylor College of Medicine Houston, TX	2003-2004

CURRENT ACADEMIC APPOINTMENTS

Professor/Clinical	Department of Pediatrics University of Texas Rio Grande Valley School of Medicine	2016-present
Director	Division of Child and Family Health Department of Pediatrics University of Texas Rio Grande Valley School of Medicine	2016-present
Director	*Community for Children: At the Border and Beyond* International Elective in Community Pediatrics, Department of Pediatrics University of Texas Rio Grande Valley School of Medicine University of Texas Health Science Center at San Antonio Regional Academic Health Center	2006-present 2006-2016
Clinical Assistant Professor	Department of Pediatrics University of Texas Health Science Center at San Antonio Regional Academic Health Center	2006–2013

Adjunct Associate Professor	Department of Pediatrics University of Texas Health Science Center at San Antonio Regional Academic Health Center	2013-2016
Adjunct Doctoral Faculty	Department of Counseling, Leadership, Adult Education, and School Psychology in the College of Education, Texas State University	2015-present

PREVIOUS NON-ACADEMIC APPOINTMENTS

General Pediatrician	Brownsville Community Health Center (BCHC)	2006-2016
Chief of Pediatrics	Brownsville, TX	2011-2016

Details: Responsible for the fiscal management, procurement of supplies, and oversight of all medical staff (including four pediatricians, nurse practioner, physician assistant, and eight certified medical assistants). Provided both outpatient and inpatient care for children in the Lower Rio Grande Valley of Texas, one of the most medically underserved regions of the United States. Approximately 70% of the children in the BCHC clinic are indigent patients. Another 30% receive Medicaid or SCHIP. Approximately 90% of my patients' parents speak only Spanish. Appointed as medical director for BCHC Campus Care Clinic in April 2010, serving the indigent students in the local independent school district. Prior to appointment as Chief of Pediatrics in 2011, served as a general pediatrician on the staff of BCHC, beginning in 2006. In 2011, created the "These Bones Won't Heal: the Fracture Fund" and solicited funds to provide on-going funding for indigent patients to cover the cost of orthopedic care for simple fractures. Resigned as Chief of Pediatrics in 2014 to devote time to special projects focusing on immigration and advocacy for human rights.

Co-Founder & Medical Director	MedicoLegal Partnership for Children/RioGrande Valley (MLPC) Brownsville Community Health Center/Brownsville, TX	2007-2016

Details: Initiated and organized the development of the first two operational medical-legal partnerships (MLP) in Texas, located in San Antonio and Brownsville. As Medical Director of MedicoLegal Partnership for Children – Rio Grande Valley. Maintain the partnership between Brownsville Community Health Center and Texas RioGrande Legal Aid, Inc. and promote MLP among all the physicians and staff of the clinic. Participate in MLP activities on the state and national level, including service to the medical advisory committee for the National Center for Medical Legal Partnership.

TEACHING

Director	Community for Children: At the Border and Beyond	09/2006-present

Details: Created a 4-week elective rotation for medical students and residents, designed as the core international health and community pediatrics curriculum for the Department of Pediatrics focused on the border of Mexico and Texas, UTHSCSA. The curriculum has eight primary objectives: rights of the child; social determinants of disease and health; clinical care in resource-poor regions; the impact of poverty, violence and immigration; advocacy; cultural humility; fostering a culture of compassion among physicians and professional development. The CfC curriculum is addressed through didactics, community outreach, advocacy projects, tailored Spanish-language classes, guided reflection and individual development counseling. The rotation is offered two times per year with an average of 16 students and residents annually. Working with the community based organizations, the students and residents expand the organizations' outreach, research and advocacy within the local community.

Clinical Adjunct Associate Professor	Third-Year Pediatric Clerkship	09/2006-2016

Details: Hands-on and didactic instruction for pediatric third- year medical students in pediatric patient care issues. Train three to four students each academic semester.

RECENT HONORS

2015 American Academy of Pediatrics (AAP) Special Achievement Award
2015 Texas Pediatric Society's Central American Refugee Humanitarian Award
2014 Migrant Health Network – 30 "Clinicians Making a Difference" – Presented to clinicians from the U.S. and abroad who have dedicated their lives to migrant health
2012 American Academy of Pediatrics Local Heroes Award – Presented at the AAP Annual Meeting, New Orleans
2011 White House Initiative – Champions of Change – Awarded to Brownsville Community Health Center/Texas RioGrande Legal Aid for Medical-Legal Partnership

RECENT GRANTS

Proctor and Gamble - $9,960 01/01/17-12/31/17
Community for Children – A Program for Physicians-in-Training Developing Leaders Capable of Creating Positive Systemic Change
Details: Co-authored grant to support leadership development for medical trainees participating in Community for Children (CforC). The grant will fund travel of nine medical students and residents to present their advocacy work at national conferences. In addition, one outstanding fellow will receive intensive mentoring from CforC faculty, accompanying them to national meetings addressing human rights issues, enabling this fellow to dialogue with the highest levels of American Academy of Pediatrics' leadership. Information about Community for Children is available at www.communityforchildren.org.

American Academy of Pediatrics/CATCH Implementation Grant - $12,000 04/2013-03/2014
Details: Co-authored grant and was one of 13 proposals of 108 applications funded. Grant was to implement "Bikes for Tikes" a monthly health promotion program supervising bicycle rides along the City of Brownsville's new Hike & Bike trails, designed for children (6-12 yrs) and their families. Funds were used to purchase bicycles for the project and integrated into the City's recreation department. Helmets were donated.

American Academy of Pediatrics- Mentorship and Technical Assistance Grant; $1,855 11/2010-11/2011
Details: Co-authored grant to obtain funds to support participation of professional meeting facilitator/evaluator at the inaugural meeting of Texas MLP.

American Academy of Pediatrics, 2007 CATCH Residency Training Funds; $10,000 03/2007-01/2009
Details: Co-Principal Investigator for development, implementation, and evaluation of curriculum for Community for Children International Elective.

SELECT PUBLICATIONS AND PRESENTATIONS

Fabreau G, ***Griffin M,*** Kimball SL, Marlin RP, Rashid M, Scales D, Shah SK, (2017 June) *Advocating for Change and Responding to Political Shifts: Policy Implications of the Recent Canadian and U.S. Elections*. North American Refugee Health Conference, Toronto, Canada.

Linton JM, ***Griffin M,*** Shapiro AJ, *Children's Health in Crisis: Sustaining Short- and Long-Term Health of Unaccompanied Children Seeking Safe Haven.* Children & Youth Services Review – Unaccompanied Children, pending publication.

Griffin M, (2017 March) *Undocumented Immigrant Children*: *Supporting their Health and Development.* Grand Rounds Presentation, University of Texas Health Science Center at San Antonio, San Antonio, TX

Livingston JM, ***Griffin M,*** Developing professional identities and fostering resilience in medical students and residents: Transformative learning on the Texas-Mexico border. In T. Carter, C. Boden-McGill, & K. Peno (Eds.), *Transformative learning in professional contexts: Building resilient professional identities for work-based practice*. Charlotte, NC: Information Age Publishing, pending publication.

Linton JM, ***Griffin M***, Shapiro AJ, AAP COUNCIL ON COMMUNITY PEDIATRICS. *Detention of Immigrant Children*. Pediatrics. 2017; 139(5): e20170483.

Linton JM, ***Griffin M***, Shapiro AJ. *AAP policy says no child should be in detention centers or separated from parents.* AAP News, March 13, 2017.

Griffin M, Linton JM. *Crossing into a deeper understanding of care for immigrant patients.* AAP Voices Blog. August 22, 2016.

Griffin M, (2016 October) *Undocumented Immigrant Children: Supporting Their Health and Development.* Presidential Plenary Presentation at the American Academy of Pediatrics Annual Conference, San Francisco, CA.

Griffin, M., Seifert, M., Son, M, Livingston, J., & Fisch, S. (2015 October). *Children's Lives on the Texas/Mexico Border: A Pediatrician-led Community Response to Toxic Stress.* Poster presentation at AAP Annual Conference, Washington, DC.

Griffin, M., (2015 March) *Immigration and the Militarization of the Texas/Mexico border: It's effect on the health of children and families.* Presentation to medical students from Stritch School of Medicine Loyola University Chicago, Chicago, IL.

Griffin, M., (2015 March) *Immigration and the Militarization of the Texas/Mexico border: A Violation of Human Rights.* Presentation to law students from Loyola University Chicago School of Law, Brownsville, TX.

Griffin, M., (2015 March) *Children's Lives on the Border: The Effect of Chronic Stress on Children in our School: A Resource Guide for Texas School Nurse Organization.* Presentation to Texas School Nurse Organization Region One, Edinburg, TX.

Livingston, J., ***Griffin, M***., Brooks, A., Son, M., Monserrat, C (2014). Transforming privilege in marginal spaces: Teaching medical students on the Texas-Mexico Border. In A. Nicolaides, & D. Holt (Eds.), *Spaces of transformation and transformation of spaces: Proceedings from the XI International Conference on Transformative Learning*, Teacher's College, Columbia University, New York City, (pp. 347-354). Athens, GA: University of Georgia.

Livingston, J., ***Griffin, M***., Brooks, A., Monserrat, C., & Son, M. (2014 October). *Transforming privilege in marginal spaces: Teaching medical students on the Texas/Mexico border*. Paper presented at the XI International Transformative Learning Conference, Teachers College, Columbia University, New York City.

Griffin, M., Son, M., & Shapleigh, E. (2014). Children's lives on the border. *Pediatrics, 133*(5), e1118-e1120.

Griffin, M., & Seifert, M. (2014 February). *Children's lives on the border: Strategic doing*. Summit meeting and workshops for 50 representatives from community-based organizations, legal institutions, schools, churches, and synagogue, UTHSCSA Regional Academic Health Center/Community for Children, Harlingen Cultural Arts Center, Harlingen, TX.

Livingston, J., ***Griffin, M*.,** Monserrat, C., & Coryell, J. (2013 November). *Preparing compassionate leaders: A novel approach in medical education*. Paper presented at American Association for Adult and Continuing Education, Lexington, KY.

Griffin, M., Son, M., Livingston, J., & Monserrat, C. (2012 October). *Advocacy for children's health and social justice on the Texas/Mexico border***.** Poster presented at the AAP Annual Meeting, New Orleans, LA.

Griffin, M. (2012 February). *Social justice and medicine: Opportunities and challenges along the border***.** Presentation to the National Board of Directors, Migrant Health Promotion, February 2012, Weslaco, TX.

G*riffin, M*. (2012 January). *Roots of advocacy: Call to service among the poor***.** Presentation to Union Theological Seminary graduate students, Brownsville, TX.

Griffin, M. (2011 October). *Top five things a woman needs to know about health care.* Panel discussion including female physicians and lawyers about important legal issues impacting women and family health care, Regional Academic Health Center, UTHSCSA, Harlingen, TX**.**

***Griffin, M.*,** Livingston, J., Cass, A., Gutnik, L., & Stroik, J. (2011 July). *Community-based advocacy training: Strategies and tools for preparing pediatricians to meet the future*. Poster presentation at AAP Future of Pediatrics Conference, Chicago, IL.

Griffin, M., Son, M., Fisch, S., Livingston, J., Monserrat, C., & Seifert, M. (2009 February). *Community for Children: At the border and beyond.* Workshop presentation at the AAP Future of Pediatrics Conference, Anaheim, CA.

SERVICE -Medical

Board Member, Migrant Clinician Network	2016-present
Member, Medical Advisory Committee, National Center for Medical Legal Partnership	2010-2011
Member, American Academy of Pediatrics (AAP)	2003-present
Member, AAP Council on Community Pediatrics	2010-present
Member, AAP Special Interest Group on International Medicine	2010-present
Member, AAP Special Interest Group on Immigrant Child Health	2014-present
Co-Chair, AAP Special Interest Group on Immigrant Child Health	2015-present
Member, Texas Pediatric Society	2006-present

Fluent in English, Proficient in Spanish